From: Department of Defense Pilots Concerned by the COVID-19 Vaccine Mandate

To: Members of United States House and Senate

As the Department of Defense continues to mandate the COVID-19 vaccine, a clear and concerning trend of vaccine-induced injuries has become apparent across the force. As more vaccine injuries are discovered, it is apparent that the vaccine poses a great risk to our Nation's Security both by forcing the loss of highly qualified service members and causing potentially career-ending or life-threatening injuries to those who remain in service.

Enclosed in this report are: 7 written statements from military pilots and other service members injured by the vaccine, an Aviation Safety Officer's discovery of vaccine injuries that have gone unreported in VAERS, and multiple anecdotal reports of individuals injured by COVID-19 vaccines. **This is just a small sample of many vaccine injured service members who have decided to come forward and share their heartbreaking stories**.

Amongst these reports is a service member who experienced **four strokes** after vaccination, a Marine officer who has been denied a medical exemption from his second Pfizer dose despite developing Pericarditis from the first, and a US Navy O-6 with grave concerns about the damage this vaccine mandate has done to the force. The enclosed reports are broken into four Tiers:

- Tier 1: Written reports from injured service members about their injury and subsequent negative consequences for themselves and their mission.
- Tier 2: Messages from direct communication with injured service members who fear reprisal for writing about their injuries and thus declined to make a written report
- Tier 3: Detailed, anecdotal stories on injured service members
- Tier 4: Anecdotal stories of injury collected from members across the DoD

Far too many, who felt compelled or forced to take the vaccine, have been injured and maimed permanently. Furthermore, those that remain unvaccinated **will** be driven out by the tens of thousands over religious convictions, justifiable fears for their safety, or concerns over bodily autonomy. **From a National Security and readiness perspective, this mandate is unsafe, illogical, and puts our military and our country at untold risk**. Our military cannot and should not injure its service members en masse through compelled vaccination. **We encourage you to take the following measure to assist our service members:**

- **Inquire with the DoD on tracking of vaccine injuries and what is being done about it**
- **Bring the issue of vaccine injuries to the attention of the public**
- **Propose legislation to end the vaccine mandates for service members.** The vaccine's benefits for America's most, healthy professionals simply do not outweigh the risks of losing them over injury or unlawful mandates

In this contentious global environment, we cannot afford to lose any service members, especially those who are highly qualified and extremely dedicated to upholding and defending our Constitution, and we certainly cannot continue to knowingly mandate something that injures them.

Respectfully,

Concerned DoD Pilots

TIER 1 REPORTS

Written Stories from Injured Service Members

USAF Reservist, Master Sergeant, 30y/o Female

- Received two doses of Pfizer-BioNTech
- Hospitalized five days after the second dose for chronic blurred vision, headaches, and loss of balance
- Diagnosed with FOUR strokes occurring within hours of vaccination
- Months later, service member still cannot drive, see clearly, articulate thoughts properly, or move properly in dynamic terrain. Her military career is likely permanently over

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

09 Jan 2022

MEMORANDUM FOR THOSE CONCERNED
FROM: VACCINE INJURED SERVICE MEMBER
SUBJECT: COVID-19 vaccine injury of an Air Force MSgt

1. To whom it may concern and in a position to affect policy change. I am a Reservist in the United States Air Force where we "drill," or report for duty, one weekend a month. The following captures the events leading up to my injury and the negative impact on my life and the Air Force mission. On Saturday Sept 11.2021: The Air Force advised all airmen that tomorrow, Sept 12, all unvaccinated service members would be shuttled to the Fitness Center to get their first dose of the vaccine. We were told that if we choose not to get the vaccine, we could file for a Medical or Religious Exemption, or reject the shot without trying for an exemption and face discharge (with an undetermined discharge status).

2. Sept 12: Sunday: I decided I would pursue a Religious Exemption based on my sincerely held belief. I met with a base Chaplain, as required by the USAF, and spent the next month preparing and writing my request for accommodation.

3. On Saturday Oct 2.2021, Air Force leadership advised that if we were planning to refuse the shot, or planning to file for an exemption, we must attend a mandatory briefing first thing this morning. We were shuttled over to another building where personnel started to brief us. First, the briefing advised us that the information we are choosing to believe is incorrect and we only see what we are looking for. They called it "confirmation bias." They proceeded to advise us that the Russians and the Chinese have a big hold over our social media, and we need to be following medical websites, not just "Google." They however did not provide any evidence to this claim. Halfway through the briefing, they stopped briefing the concept of confirmation bias and changed to the benefits of the vaccine and how the benefits by far outweigh the risks. When members of the audience asked legitimate questions regarding the safety and efficacy of the vaccines, or the illegal use of EUA injections in the place of only approved vaccines that have received full licensure from the FDA, the presenter shut us down claiming it was "disinformation." No more questions were asked.

4. At the end of the briefing our Wing Commander got up to say a few words, which turned more into a Q&A. The room collectively wanted to know if we rejected the shot entirely, or if our exemptions got approved, what would happen? His words were, "not being vaccinated is not conducive to military service" along with "this is a lawful order by the officers appointed over you." He continued to advise that if exemptions were approved, you'd have to be reclassed to a non-deployable career field if one was available. If not, you'd be discharged. If you

rejected the shot without requesting an exemption, then we would be discharged under an undetermined service characterization (he couldn't advise if it was honorable, dishonorable, or anywhere in between). Based on what the Wing Commander briefed us, I felt that even if I had an approved accommodation, my career in the military was effectively over and pursuing an accommodation would be frowned upon.

5. I slept poorly that night as I was trying to weigh my options and decide what to do. I could not risk a dishonorable discharge as that is equivalent to a felony on the civilian side. But I also did not want the vaccine based on my firmly held belief. Thus, I made a very difficult decision that went against my conscience; and I regretted that decision ever since. But as my Wing Commander put it, "not being vaccinated is not conducive to military service" and I loved serving in the military.

6. The following morning on 3 October, I reported for duty. Within 30 minutes of arrival, all unvaccinated members had to report to the fitness center again to either file an exemption or get the vaccine. Based on my options, I felt coerced to get the vaccine. I cried all the way to the fitness center. Medical personnel asked which vaccine I was wanted, and I said "Pfizer, it's the only FDA approved one" and then received my first of two vaccinations. The fact that they were offering a choice between the different vaccines despite the SECDEF stating that only vaccines that have full FDA approval will be used to fulfill the order did not dawn on the medical providers. Knowing now that they coerced hundreds of my fellow service members into getting an experimental drug without their informed consent is criminal. My initial reaction to the injection was mild with typical fatigue and body aches that subsided after a day or two.

7. However, during our next drill the following month on Nov 7, I was shuttled to the fitness center again to get my second shot of the Pfizer vaccine. A headache soon developed on my way home, and I soon fell asleep. The next morning, I woke up like I hardly slept that night, but more concerning was that I was experiencing very unusual symptoms with my vision. Objects appeared to be waving like when you can see a mirage above hot pavement. This continued through the night. The following morning on Nov 9, I woke up at 1AM to utilize the bathroom. My vision had become so off that I was unable to balance. I fell out of the bed, fell again at the foot of the bed, and even fell off the toilet while sitting. I was experiencing extreme vertigo where I was unable to balance and unable to see straight. I literally crawled on the floor back to bed where I tried to research if this was a normal reaction after the vaccine, but my vision was so bad I could not read my computer device. I fell back asleep and woke up at 5AM and found that I had my vertigo subsided – but my vision was still the same as it was 48 hours prior.

8. My vision remained unusual through noon on Friday November 12th. To describe my vision; it appeared to be bouncing up and down. For example, a four foot tall fence post appeared to be eight feet tall while bouncing up and down. I asked my husband if he could see my eyes shaking and he said no. The next morning, I accompanied my husband for a retreat, but I could barely walk. I again asked him to look at my eyes and this time, he confirmed they were bounc-

ing up and down. We then proceeded to the Emergency Room fearing I was having some adverse reaction to the vaccine. The doctors there diagnosed me with Vertical Nystagmus. Vertical Nystagmus is very rare compared to Horizontal Nystagmus; so rare that doctors came in to see me out of curiosity just to observe my eyes as they've never seen it in all their combined medical careers. The doctors ordered a CT scan, which came back inconclusive but referred me to a Neurologist the following Monday.

9. Monday, Nov 15, the neurologist recognized my Nystagmus and ordered an MRI, MRV, MRA, EKG and extensive blood-work which were completed over the next three weeks. The results of the MRI showed I had two strokes! One in my occipital lobe was identified by the MRI but the other was in my Brain Stem and too small to show on the MRI. The doctors concluded this because Vertical Nystagmus is only present with a stroke in the Brain Stem. The Vertical Nystagmus slowly subsided over the next few days.

10. On Saturday, Dec 4 I woke up with terrible nausea and my vision reverted to how it was three weeks prior. I was terrified I had another stroke. My brother rushed me to the ER where they too thought I had another stroke. They admitted me for observation the next two nights to monitor my heart as I was at an increased risk for AFib. I remained in observation until they could perform an MRI on Monday.

11. That Monday, the results of the MRI showed I did not show any new strokes; but instead I had suffered more strokes than originally diagnosed during my first MRI. They advised that since some of the swelling had subsided, they were able to see three strokes in my Occipital Lobe in addition to the one in the brain stem that was still undetectable by MRI. Four total strokes within hours of receiving my second dose of the COVID vaccine. The doctors discharged me with a heart monitor to be worn for the next two weeks and put me on a 75mg blood thinner to take in conjunction with 81mg of Aspirin daily. This they said to reduce the risk of further blood clotting as a result of the vaccine.

12. On Thursday Dec 9, I had a tele-med appointment with my neurologist. I asked why I seemed to have regressed in symptoms if I did not have an additional stroke, and she stated that if I am stressed, fatigued, tired, etc., that my stroke symptoms can reappear. She ordered Occupational Therapy for my vision and referred me to a Neuropthamalogist. I had my first Occupational Therapist appointment on Jan 5.2022. The therapist is not optimistic I will see improvement but will know more in follow on appointments as they continue to monitor my condition. I am still waiting to see the Neuropthamalogist.

13. My future in the military is now uncertain as I am unable to drive, move confidently through dynamic terrain, or articulate my thoughts in the manner I am accustomed to. In the military we are taught the 9-Line Medivac report in ad nauseam. "Urgent" deals with wounds that are most severe to include anything that deals with the possible loss of life, limb, or eyesight. Knowing that my eyesight may forever be affected by this is devastating. My AFSC requires that I drive heavy machinery as well as scrutinize technical data. How am I expected to

do that with compromised vision? How am I to continue serving the country that I love, much less live a normal fulfilling life? My civilian career has been placed in jeopardy as well as my military career. I chose to serve in the United States armed forces and put it all on the line for my country. I never thought a vaccine mandate would be what brought that all to an end. Not only am I no longer able to fulfill my responsibilities to my employer, and the Airforce; I also can no longer take part in many hobbies that made me who I am today.

To my congressional delegates: We have all stuck our neck out in one way or another in order to better serve this great nation. I call on you now to do just that. These mandates are a glaring overreach of executive power. Please fight for our constitutional rights. Please fight for your constituents. Please stop these mandates. Please fight for me: if we can avoid one more case like mine, we will have succeeded. You have the power to stop this, so my family and I simply ask that you use it. To maintain our individual sovereignty, we always must have a choice. Freedom of choice is what this nation was built on, and the belief that I held close when volunteering to serve in the military. Please fight for others to have the choice I wasn't afforded.

[redacted]

Attachments:

1.Medical Letter
2.VAERS Report

[redacted]

Letter Details

[redacted]

[redacted] CLINIC OF NEUROLOGY [redacted]A

[redacted]

January 6, 2022

To whom it may concern,

[redacted] is being treated in my clinic for ischemic stroke. Patient underwent extensive evaluation for other po ible rea on for the troke At thi time the only expan ion that I have that troke i related to recent Pfizer COVID vaccine booster that was injected 2 days prior to development of the stroke.
I do not believe that it will be safe for the patient to receive any further COVID vaccinations

[redacted]

[redacted]

Gmail [redacted]

VAERS Report Confirmation

1 me age

info@vaers.org <info@vaers.org> Mon, Jan 10, 2022 at 6:48 PM
To: [redacted]

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Report Confirmation Email

Thank you for using the VAERS on-line report submission system. The information you have provided will assist the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) in their effort to monitor the safety of all US-licensed vaccines. Your report was submitted on the date indicated below, and a igned a temporary E Report Number Plea e refer to the a igned E Report Number below if you need to contact us regarding this report.

If you have additional information that will contribute to our understanding of the reported event, or if you would like to obtain the permanent VAERS ID Number that was assigned to this report, please contact VAERS.

Date Form Completed	01/10/2022
Temporary VAERS E-Report No:	769810

For additional information on vaccine afety contact CDC INFO by calling (800) 232 4636 or vi it the CDC' Vaccines and Immunizations website. The National Vaccine Injury Compensation Program (VICP) is a separate program from VAERS and is administered by the Health Resources and Services Administration (HRSA). Reporting an adverse event to VAERS does not constitute filing a claim with the VICP. For more information about the VICP, call (800) 338 2382 or vi it the VICP Web ite

Patient identity is confidential

[redacted]

USN Pilot & Unit Commander, Captain, 44y/o Male

- O-6: Senior Leader in the USN
- Single dose of J&J vaccine, mild symptoms within 12 hours, but at day 4, sent to the ER
- Diagnosed with pancytopenia and a rare autoimmune disorder triggered by vaccine
- Unable to exercise and suffers from lingering side effects
- Has first person contact with other vaccine injured DoD members

MEMORANDUM FOR THOSE CONCERNED

From: CAPT [redacted] USN

Subj: Summary of impact after COVID-19 vaccine to Active Duty Naval Aviator

Encl: (1) VAERS Report
(2) NAVADMIN 225/21
(3) COVID19 vaccination medical exemption guidance 11 September 2021
(4) BUMED NOTICE 6300 3 September 2021
(5) COVID19 vaccine medical exemption process map
(6) [redacted]
(7) BUMED NOTE 6000

1. This memorandum is to contribute to the compilation of service members suffering adverse reactions and injury due to receiving COVID-19 vaccinations. It highlights the very real and substantial danger to the safety and health of our armed service members and is being submitted under protected communication with congressional members. I request to have my identity redacted and those mentioned in this memorandum if it is shared outside of these protected communication channels in accordance with the Whistle Blower Protection Act. I am currently serving as a Commanding Officer and am fearful my superiors will remove me from command and/or seek retribution harming my career if they become aware I had expressed my concerns in regard to the Navy's mandatory COVID-19 vaccination and discussed the damage I have suffered after receiving the COVID-19 vaccine.

2. I am currently stationed at [redacted] as the Commanding Officer of [redacted] and have over 22 years of active duty service as a Naval Aviator in the U.S. Navy. I have been stationed overseas, operated my aircraft in support of Combatant Commands world-wide, and executed deployments flying combat mission in Iraq and Afghanistan. My performance as a Naval Officer and pilot has been exceptional to date as evidenced by being the Commanding Officer of an operational squadron, screening for O6 command, designated as aircraft and mission commander in three military aircraft, an instructor pilot in two of these platforms, earning the highest marks on fitness reports, and consistently scoring the highest category on physical readiness tests.

3. In accordance with the Department of the Navy's policy to vaccinate against COVID-19 as required by Secretary of Defense mandate, I was ordered to receive two doses of a fully FDA licensed COVID-19 vaccine or a vaccine still under an EUA to meet deadlines required by the Department of the Navy. Knowing that there is currently no FDA approved vaccine available in the DoD I questioned the legality of the Navy requiring service members to take a COVID vaccine that was not FDA approved. The Navy's official response to this legal concern was a medical memo (Encl. 7) from the Department of the Navy Bureau of Medicine and Surgery (BUMED) stating the Pfizer EUA approved vaccine has the same formulation and can be used interchangeably with the Pfizer Corminaty vaccine that is FDA approved with no safety of effectiveness concerns. My commanding officer and chain of command considered this medical response to a legal concern sufficient to still order me to take a EUA approved vaccine. I remained reluctant to take the vaccine but was informed failure to vaccinate in 5 days would result in being Detached for Cause, relieving me of command, and be subject to Show Cause

proceedings on the bases of Misconduct, Moral or Professional Dereliction, and Substandard Performance resulting in an eventual dismissal from military service.
Thus, on 14 October, I reluctantly took the Johnson & Johnson COVID-19 vaccine in order to preserve my career and only source of income to support my wife and children. I now lament that decision and the effect it has had on my health.

4. In July 2021 I contracted COVID-19 and suffered a mild fever for two days and congestion for four days. I lost my sense of smell and taste for close to three weeks but in one week after manifesting symptoms I was back to my normal routine and able exercise daily with no limitations. In August 2021, I had multiple blood draws conducted to include a CBC panel that returned with normal results in all areas. Serological testing in August documented I had COVID-19 IgG and IgM antibodies. I completed my annual flight physical the beginning of October and was issued an up chit, the required documentation declaring I was medically healthy and cleared to operate military aircraft. One week later on 14 October 2021, I received the Johnson & Johnson COVID-19 vaccination. That same day I performed extensive callisthenic and anaerobic exercise with no limitations. At 0130 on 15 October, I woke up with a 101.8 fever, chills and significant fatigue and muscle aches. These symptoms continued until the evening of 16 October and through the day of 17 October I slowly improved and felt better. The morning of 18 October I was driving to work and felt tightness and pain in my chest and suffered light headedness and dizziness to the point I had to stop driving my vehicle. I phoned my wife and requested she pick me up and take me to [redacted] Hospital Emergency Room. I was admitted to [redacted] Hospital where I remained for four days as doctors investigated and ran tests on what was happening to my body. Initial blood test results were positive D-Dimer, indicating possible thrombus (blood clotting), as well as plummeting white blood cell, red blood cell and platelet counts; all below normal range. My spleen was identified to be enlarged and I was diagnosed with a newly developed autoimmune disease due to lack of intrinsic factor resulting in pernicious anemia caused by my body's inability to absorb vitamin B12; a condition that will require me to receive vitamin B12 shots for the rest of my life.
After four days of extensive exams and testing I was released from the hospital and directed to follow up with my Primary Care Provider (PCM) since my red and white blood cell and platelet counts were slowly improving and no clotting was discovered. My PCM has informed me I suffered from pancytopenia (low counts of all three types of blood cells) most likely caused by an interruption or reduction in my bone marrow function. I have been referred to a hematologist to provide follow on medical care for my newly developed autoimmune disease and to address my enlarged spleen.

5. At this point my future health and career are uncertain. Currently I still have swollen lymph nodes that continually cause me pain and discomfort, I am unable to exercise as I become fatigued walking up just two flights of stairs, I suffer periodic chest discomfort and tightness, shortness of breath, and lightheadedness. I have difficulty focusing at work and easily become fatigued. When I return home in the evening I am exhausted with no energy to interact with my family and usually need to lay down and rest.

6. Though I have currently met the DoD COVID-19 vaccine requirement and am fully vaccinated, I am fearful that the DoD will soon mandate all service members to start receiving COVID-19 boosters. I have begun the process of requesting permanent medical exemption from additional COVID-19 booster vaccinations that are likely to be mandated in the near future. Based on the injuries I have incurred from just one COVID-19 vaccination I am fearful another vaccination could result in more severe injuries or even my death. I am greatly concerned my permanent medical exemption request will be denied since the military is only recognizing a few

very specific vaccine injury conditions as qualifying for permanent medical exemption (Encl. 3). BUMED is refusing to consider any other contraindications to COVID vaccines and is making the default determination it is a greater risk to not receive COVID vaccines, remaining partially or fully unvaccinated, regardless of whether the service member has already recovered from COVID or has had other COVID vaccine related injuries outside the few specific conditions they have identified. Additionally, the process for requesting permanent exemption requires multiple levels of Navy medical endorsement with no ability to appeal or request an alternate review leaving service members with no recourse if one doctor in the process determines medical exemption is not warranted (Encl. 4 & 5).

7. I beseech members of Congress to immediately investigate the damage forced vaccination is having on the men and women serving in our armed forces. Two sailors, in my command alone, have suffered adverse effects and may no longer be able to deploy. I have fellow officers that have contacted me in confidence to discuss the myriad of health issues they have developed post vaccination. I have encouraged them to also come forward but some of them fear the risk this will have on their careers. Sadly, these sailors feel they need to hide the damage they have suffered or be punished and ostracized by Navy leaders for bringing doubt on the benefits of the vaccine. The DoD is rushing to vaccinate our entire force and making no effort to evaluate what effect this is having on service members. Our military has proven from the beginning of the pandemic we can operate in a COVID environment without vaccines. The DoD is now starting to see the majority of COVID positive service members being breakthrough cases from fully vaccinated personnel. Despite the increase in breakthrough cases the DoD continues to meet all operational requirements but justifies this accelerated timeline to vaccinate the entire force with no safety controls or tripwires to assess this effort, as being critical to military readiness, operations and national security. Navy leadership has directed all adverse reactions to the vaccine be reported in VAERS, a passive reporting system and database external to the DoD, resulting in no way to assess the impact adverse reactions and injuries are having on service members and our readiness. In stark contrast to this lack of assessment the Navy is going to great lengths to document, track, and report weekly all military members who have been ordered to receive the vaccine, who request religious or medical exemption, and those members who ultimately acquiesce and accept getting vaccinated.
I am requesting the DoD immediately suspend COVID-19 vaccination efforts and implore Congress to demand military leaders actively track and report the effect COVID vaccines have had on service members health, operational readiness and manpower.

[redacted]
CAPT USN

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions or problems that occur during or after vaccination. Items **2, 3, 4, 5, 6, 17, 18 and 21** are **ESSENTIAL** and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use **Continuation Page** if needed)

[redacted]

3. Sex: ☒ Male ☐ Female ☐ Unknown

4. Date and time of vaccination: (mm/dd/yyyy) 10/14/2021 Time: [redacted] ☐AM ☒PM

5. Date and time adverse event started: (mm/dd/yyyy) 10/18/2021 Time: 10:30 ☒AM ☐PM

7. Today's date: (mm/dd/yyyy) 11/04/2021

8. Pregnant at time of vaccination?: ☐ Yes ☒ No ☐ Unknown
(If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18)

9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination:

10. Allergies to medications, food, or other products:

11. Other illnesses at the time of vaccination and up to one month prior:
None

12. Chronic or long-standing health conditions:
None

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

[redacted]

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

16. Type of facility: (Check one)
- ☐ Doctor's office, urgent care, or hospital
- ☒ Pharmacy or store
- ☐ Workplace clinic
- ☐ Public health clinic
- ☐ Nursing home or senior living facility
- ☐ School or student health clinic
- ☐ Other:
- ☐ Unknown

WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given) Use **Continuation Page** if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series
COVID19 (Janssen)	Janssen	[redacted]	* Intramuscular	Left Arm	1
select			select	select	select
select			select	select	select
select			select	select	select

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc)

Patient experienced chest pain, dizziness, light-headed on October 18, 2021 at 10:30 am. Patient called his primary care provider and was directed to go to the ER. Patient headed to [redacted] Hospital and admitted around 11:40 am. Patient was released on October 21, 2021 at 10:00 am.

Use **Continuation Page** if needed

19. Medical tests and laboratory results related to the adverse event(s): (include dates)

EKG - October 18, 2021, probable left atrial enlargement
Chest X-ray - October 18, 2021, normal

Use **Continuation Page** if needed

20. Has the patient recovered from the adverse event(s)?: ☐ Yes ☒ No ☐ Unknown

21. Result or outcome of adverse event(s): (Check all that apply)
- ☒ Doctor or other healthcare professional office/clinic visit
- ☒ Emergency room/department or urgent care
- ☒ Hospitalization: Number of days (if known) 4

[redacted]

- ☐ Prolongation of existing hospitalization (vaccine received during existing hospitalization)
- ☐ Life threatening illness (immediate risk of death from the event)
- ☐ Disability or permanent damage
- ☐ Patient died – Date of death: (mm/dd/yyyy)
- ☐ Congenital anomaly or birth defect
- ☐ None of the above

ADDITIONAL INFORMATION

22. Any other vaccines received within one month prior to the date listed in item 4: Use **Continuation Page** if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series	Date Given
select			select	select	select	
select			select	select	select	

23. Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name)
☐ Yes ☒ No ☐ Unknown

24. Patient's race: (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☒ Unknown ☐ Other:

25. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Unknown

26. Immuniz. proj. report number: (Health Dept use only)

COMPLETE ONLY FOR U.S. MILITARY/DEPARTMENT OF DEFENSE (DoD) RELATED REPORTS

27. Status at vaccination: ☒ Active duty ☐ Reserve ☐ National Guard ☐ Beneficiary ☐ Other:

28. Vaccinated at Military/DoD site: ☐ Yes ☒ No

SAVE

17. Enter all vaccines given on the date listed in item 4 (continued):					Dose number in series
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	
select			select	select	select
select			select	select	select
select			select	select	select
select			select	select	select

22. Any other vaccines received within one month prior to the date listed in item 4 **(continued):**					Dose number in series	Date Given
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site		
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	
select			select	select	select	

Use the space below to provide any additional information (indicate item number):

Additional information for Item 9: Calcium, Magnesium, and Zinc.
Additional information for Item 19:
CBC panel, October 18, 2021, WBC low 2.89, RBC low 4.49, hematocrit low 39.2, MCH high 31.8, MCHC high 36.5, platelet count low 125, atypical lymphs high 4, total neutrophils low 1.24, total atypical lymphs high .10, D-Dimer test 0.6 high.

CT Angiogram pulmonary arteries - October 18, 2021, normal, no evidence of acute embolism.

Cholesterol - October 18, 2021, normal.

Epstein-Barr virus - October 18, 2021, normal.

CBC - October 19, 2021, WBC 3.78 low , RBC 4.17 low, hemaglobin 13.2 low, hematocrit 37.1 low, MCH 31.7 high, MCHC 35.6 high, platelet 115 low, monocytes 1 low, basophils 1 high, atypical lymphs 2 high, total neutrophils 1.71 low, total monocytes .03 low, total atypical lymphs .06 high.

Stress test - October 19, 2021 normal/passed.

Ultrasound of abdomen - October 19, 2021 spleen enlarged 13cm.

Hepatitis B and C - October 19, 2021, normal

CBC - October 20, 2021, WBC 4.76 normal low, RBC 4.76 normal low, hemaglobin 14.8 normal low, hematocrit 41.5 low, MCH 31.1 normal high, MCHC 35.7 high, MPV 9.2 low, basophils 1 high, atypical lymphs 4 high, total atypical lymphs 0.2 high.

Intrinsic Factor Blocking AB test - October 20, 2021, positive, signaling auto-immune disease development

Pathology Peripheral smear - October 19, 2021, RBC: no schistocytes, WBC: atypical lymphocytes, Platelets: rare plt clumps

Immature platelet fraction October 19, 2021, 1.60: thrombocytopenia

SAVE

UNCLASSIFIED//

ROUTINE

R 132050Z OCT 21 MID600051034536U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO SECNAV WASHINGTON DC

BT
UNCLAS
NAVADMIN 225/21

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/OCT//

SUBJ/COVID-19 CONSOLIDATED DISPOSITION AUTHORITY (CCDA)//

REF/A/DOC/SD/24AUG21/

REF/B/MSG/SECNAV/302126ZAUG21/

REF/C/MSG/CNO/311913ZAUG21/

REF/D/DOC/BUMED/7OCT13//

REF/E/DOC/BUPERS/16MAR20//

REF/F/DOC/OPNAV/15AUG20//

NARR/REF A IS THE SECRETARY OF DEFENSE MEMO MANDATING
CORONAVIRUS DISEASE 2019 VACCINATION FOR DEPARTMENT OF
DEFENSE SERVICE MEMBERS.
REF B IS ALNAV 062/21, 2021 2022 DEPARTMENT OF NAVY MANDATORY
COVID-19 VACCINATION POLICY.
REF C IS NAVADMIN 190/21, 2021-2022 NAVY MANDATORY
COVID-19 VACCINATION AND REPORTING POLICY.
REF D IS BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS
FOR THE PREVENTION OF INFECTIOUS DISEASE.
REF E IS BUPERSINST 1730.11A, STANDARDS AND PROCEDURES
GOVERNING THE ACCOMMODATION OF RELIGIOUS PRACTICES.
REF F IS MILPERSMAN 1730 020, IMMUNIZATION EXEMPTIONS
FOR RELIGIOUS BELIEFS.//
POC/OPNAV/CAPT STEVEN TARR III, (703) 614-9250//EMAIL:
STEVEN.TARR1.MIL(AT)US.NAVY.MIL

RMKS/1. Purpose. This NAVADMIN announces the assignment of the Chief of Naval Personnel as the COVID Consolidated Disposition Authority (CCDA), and provides procedural guidance and reporting requirements for administrative disposition of individual Navy service members, active duty and Selected Reserve, who are not fully vaccinated per references (a) through (c).

2. Policy. In order to maximize readiness, it is the policy goal of the U.S. Navy to achieve a fully vaccinated force against the persistent and lethal threat of COVID-19.

2.a. In support of the above stated policy, and as directed by the Secretary of the Navys lawful order, the Navy has commenced a mandatory vaccination campaign per references (a) through (c). Navy service members refusing the COVID-19 vaccination, absent a pending or approved exemption, shall be processed for

administrative separation per this NAVADMIN and supporting references. To ensure a fair and consistent process, separation determinations will be centralized under the CCDA as outlined in the paragraphs below.

2.b. To date, over 98 percent of active duty U.S. Navy service members have met their readiness responsibility by completing or initiating a COVID-19 vaccination series. We applaud your commitment to ensuring the continued readiness of our worldwide deployable Navy. Tragically, there have been 164 deaths within the Navy family due to COVID 19, far exceeding the combined total of all other health or mishap related injuries and deaths over the same time period. 144 of these were not immunized and 20 had an undisclosed immunization status.

3. Definitions. For the purposes of this NAVADMIN, the following terms are defined.

3.a. Navy Service Members. Active duty service members and service members in the Selected Reserve only. Service members in the Individual Ready Reserve and U.S. Naval Academy and Naval Reserve Officers Training Corps midshipmen remain subject to the vaccine mandates in references (a) and (b), but will be adjudicated per their governing instructions rather than this NAVADMIN.

3.b. Active Duty Navy Service Members. Active duty Navy service members includes members of the Active Component and members of the Reserve Component on active duty in full time support (FTS).

3.c. Refusing the Vaccine. A Navy service member refusing the vaccine is one who has: (1) received a lawful order to be fully vaccinated against COVID-19; (2) is not or will not be fully vaccinated on the date required by the order; and (3) does not have a pending or approved exemption request per references (d) through (f).

3.d. Fully Vaccinated. Service members are considered fully vaccinated two weeks after completing an approved COVID-19 vaccination series per reference (c).

3.e. Senior Leader. A Navy senior leader is a flag officer or flag officer select, regardless of assignment; an officer serving as a commander, deputy commander, commanding officer, executive officer, chief of staff, chief staff officer, or officer in charge; or an enlisted member serving as a command master chief, chief of the boat, senior enlisted advisor, or command senior enlisted leader.

4. Deadlines. Per references (a) through (c), active duty Navy service members must be fully vaccinated against COVID 19 NLT 28 November 2021, and Ready Reserve Navy service members NLT 28 December 2021. New accessions must be vaccinated as soon as practicable following service entry.

4.a. For requested exemptions that are denied, specific instructions regarding the follow-on vaccination timeline or separation adjudication process will be included in the denial letter.

4.b. Administrative actions per this NAVADMIN may begin as soon as a Navy service member meets the definition of refusing the vaccine in paragraph 3.c.

5. Disposition Authority

5.a. Designation of the CCDA. The Chief of Naval Personnel (CNP) is the CCDA. The Chief of Navy Reserve (CNR) will provide support to the CCDA for cases involving Navy service members in the Selected Reserve.

5.b. Authorities for Vaccination Refusal. The CCDA is the officer show cause authority and enlisted separation authority for Navy service members who refuse the COVID-19 vaccine, except Entry Level Separation (ELS). For ELS, commanders and commanding officers are separation authorities per paragraph 6.b. Commanders and commanding officers will initiate administrative separation processing per paragraphs

7.a. and 7.b. The Vice Chief of Naval Operations retains authority for non judicial punishment and courts martial. Involuntary extension of enlistments is not authorized on the basis of administrative or disciplinary action for vaccination refusal. The CCDA may seek recoupment of applicable bonuses, special and incentive pays, and the cost of training and education for service members refusing the vaccine.

5.c. Other Misconduct. The withholding of disposition authority in reference (c) and this NAVADMIN does not extend to other misconduct, which may include misconduct related to vaccine refusal such as failing to wear a mask when required, falsifying vaccination records, or not complying with COVID testing requirements. If in doubt, commanders, commanding officers, and officers in charge should consult with their servicing staff judge advocate in determining disposition authority.

5.d. Separation Authority for Vaccine Refusal That Includes Other Misconduct. If a Navy service member is processed for administrative separation because of vaccine refusal that includes other misconduct, the CCDA will serve as the officer show cause authority or enlisted separation authority in accordance with paragraph 5.b.

5.e. Professional Qualifications. For Navy service members refusing the vaccine, the CCDA retains the authority for administrative processes regarding removal of warfare qualifications, additional qualification designations (AQD), Navy Enlisted Classifications (NEC), or sub-specialties, except in cases where removal authority is otherwise authorized by law or Executive Order (e.g. Director, Naval Nuclear Propulsion Program regarding nuclear qualifications).

5.f. Other Armed Forces Members Assigned to Navy Commands. For vaccine refusal cases involving Soldiers, Airmen, Guardians, Marines, or Coast Guardsmen assigned to Navy commands, the Navy commander, commanding officer, or officer-in-charge will report the case to the CCDA.

5.g. Navy Service Members in Non-Navy Billets. The CCDA will be responsible for identifying, coordinating, and adjudicating Navy service members refusing the vaccine while serving in non Navy billets (e.g., Joint, NATO).

6. Administrative Disposition Guidance; Immediate Actions.

6.a. Unvaccinated Senior Leaders. An unvaccinated senior leader without a pending or approved exemption calls into question the Navys trust and confidence regarding their ability to ensure unit readiness or to maintain good order and discipline. These senior leaders must begin vaccination immediately. This constitutes a lawful order. The immediate superior in command (ISIC), commander,

or commanding officer, as applicable, will notify in writing senior leaders refusing the vaccine that they have five (5) calendar days to initiate corrective action. If the senior leader does not begin a vaccination series or request an exemption within that five-day period, the ISIC, commander, or commanding officer will relieve the senior leader and initiate detachment for cause (DFC) per MILPERSMAN 1611-010, MILPERSMAN 1611-020, and MILPERSMAN 1616-010, as applicable.

6.a.(1). A sample report of misconduct is available at: https://www.mnp.navy.mil/group/navy-covid-19-reporting. The report will note that authority for disciplinary action is withheld by reference (c) and this NAVADMIN, and as such no disciplinary action was taken.

6.a.(2). Established notification procedures for relief of command triad members apply. The relief of any flag officer or officer selected for promotion to O-7 under this paragraph will be reported to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C.

6.b. Entry Level Separation (ELS). ELS processing is authorized per paragraph 5.b above per MILPERSMAN 1910-154 for Navy service members in an entry level status refusing the vaccine. ELS shall be reported per paragraph 9.

6.c. Because COVID-19 vaccination is now mandatory, commanders, commanding officers, or officers in charge, with the concurrence of the first flag officer in the chain of command, are authorized to temporarily reassign Navy service members who refuse the COVID-19 vaccine, regardless of exemption status, based on operational readiness or mission requirements.

6.d. Promotion, Transfer and Reenlistment. Commands shall not allow those refusing the vaccine to promote/advance, reenlist, or execute orders, with the exception of separation orders, until the CCDA has completed disposition of their case. Transfer orders may be cancelled by Navy Personnel Command.

7. Administrative Disposition Guidance; Future Actions. The actions in this paragraph shall be executed per paragraph 4.

7.a. Officer Administrative Separation. In the case of any officer, including any officer senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall submit a report of misconduct to Commander, Navy Personnel Command (PERS-834) per MILPERSMAN 1611-010. A template report is available at: https://www.mnp.navy.mil/group/navy-covid-19-reporting. Per SECNAVINST 1920.6D, the CCDA, as the show cause authority, has directed mandatory show cause processing for all officers on the bases of Misconduct, Moral or Professional Dereliction, and Substandard Performance, with the least favorable characterization of service as GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Additionally, report flag officers or officers selected for promotion to O-7 who are refusing the vaccine to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C. Officers separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.b. Enlisted Administrative Separation. In the case of any enlisted service member, including any enlisted senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall initiate the process for administrative

separation under MILPERSMAN 1910-142, Commission of a Serious Offense, plus any additional basis known at the time of processing. The provisions of MILPERSMAN 1910 (series) apply; treat vaccine refusal cases as though they were listed in MILPERSMAN 1910-233. The CCDA is the separation authority unless a higher separation authority is required by MILPERSMAN 1910-704. The least favorable characterization of service shall be GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Enlisted service members separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.c. Officer Promotion Delay. Per SECNAVINST 1420.3 or SECNAVINST 1412.6M, commanders and commanding officers shall delay the promotion of any officer refusing the vaccine. Delays shall be based upon pending administrative action and physical qualification. PERS-833 will make formal written notice to the officer following written notice by the commanding officer.

7.d. Enlisted Advancement Withhold. Per BUPERSINST 1430.16G, commanding officers shall withhold the advancement of any enlisted member refusing the vaccine. Advancement withholds shall be based upon pending administrative action and physical qualification.

7.e. Documentation in Fitness Reports and Enlisted Evaluations. Per MILPERSMAN 1610-015, failure to comply with individual medical readiness responsibilities will be documented in fitness reports and evaluations. Failure to be fully vaccinated against COVID-19 is a medical readiness failure.

7.e.(1). Commanding officers shall identify those refusing the vaccine and verify that the members have an initial counseling NAVPERS 1070/13 per MILPERSMAN 1610-015 in their local file (Page 13). If necessary, the initial NAVPERS 1070/13 directed in MILPERSMAN 1610-015 shall be issued. The NAVPERS 1070/13 counseling and warning ordering vaccination per NAVADMIN 190/21 may serve as the subsequent formal counseling required in MILPERSMAN 1610-015.

7.e.(2). Within 30 days of a Navy service member refusing the vaccine, reporting seniors shall issue a Special Fitness Report/Evaluation per MILPERSMAN 1610-015 and BUPERSINST 1610.10E. In addition to documenting failure to comply with individual medical readiness responsibilities, the report shall document other facts as appropriate, including any misconduct related to UCMJ Art. 92.

7.f. Terminal Leave. Navy service members who commence terminal leave on or before the applicable deadline in paragraph 4 are administratively exempted from vaccine requirements per BUMEDNOTE 6150 of 21 Sep 21 and BUMEDINST 6230.15B.

7.g. The authority for commanding officers in MILPERSMAN 1730-020 to revoke an approved religious accommodation exemption from COVID-19 vaccination is withheld.

8. Reporting

8.a. Officers and E-6 through E-9. Per MILPERSMAN 1611-010 and MILPERSMAN 1616-040, commands are required to inform PERS-834 (officers) and PERS-832 (enlisted) of incidents that could result in adverse action. This applies to vaccine refusal. Reports

should flag whether the service member is pending transfer or promotion/advancement.

8.b. E-5 and Below. Per MILPERSMAN 1616-050, misconduct not yet finally adjudicated need not be reported to Navy Personnel Command.

9. Data Collection and Record Retention

9.a. Navy echelon one and two commanders will forward information regarding those refusing the vaccine within their administrative chains of command to CNP for active duty Navy service members and CNR for Ready Reserve service members per CCDA guidance.

9.b. All commands must retain all records, materials and written communications, including emails, pertaining to vaccine refusals per SECNAV M-5210.1.

10. Points of contact. OPNAV POC: CAPT Steven Tarr III, comm (703) 614-9250, e-mail: steven.tarr1.mil(at)us.navy.mil. BUMED POC: BUMED COVID-19 CRISIS ACTION TEAM / (703) 681-1125 / e-mail: USN.NCR.BUMEDFCHVA.MBX.BUMED--- 2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL OJAG POC: CDR Justin Pilling, comm (703) 614 5757, e mail: justin.d.pilling@navy.mil.

11. Released by ADM William Lescher, Vice Chief of Naval Operations, and VADM John B. Nowell, Jr., Chief of Naval Personnel.//

BT
#0001
NNNN
<DmdsSecurity>UNCLASSIFIED//</DmdsSecurity>
<DmdsReleaser>TUGGLE.CREIGHTON.HUGHES.1515552061</DmdsReleaser>

UNCLASSIFIED//

COVID-19 mRNA Vaccine Provider Medical Exemption Guidance 11SEP2021

Permanent Medical Exemption

- Documented anaphylaxis after receipt of first COVID-19 vaccination or symptoms less than 4 hours after vaccination including hives/swelling, wheezing/shortness of breath, vomiting/diarrhea, hypotension. Can be vaccinated under guidance of Allergist, if available.
- Diagnosed with myocarditis / pericarditis after first COVID-19 vaccination or infection including ST elevation and/or enzymes.
- Temporal association of Stevens-Johnson Syndrome (SJS) or Guillain Barre Syndrome (GBS) that cannot be attributed to another underlying cause
- Thrombosis with Thrombocytopenia Syndrome (TTS)

Temporary Medical Exemption

- Currently in isolation / quarantine for COVID-19. Recommend they get vaccinated as soon as off isolation / quarantine.
- Pregnancy, although strongly recommend vaccination per ACOG / CDC guidance
- Monoclonal antibody administration against COVID-19 (90 days). Renewal of temporary medical exemption will be required every 30 days.
- If required for travel to be vaccinated in hospital Immunizations Clinic under guidance of Allergist
- If required to gather more information regarding special medical considerations on limited basis

Definitely Vaccinate

- Symptoms following first COVID-19 vaccination more than 4 hours after shot including malaise, fever, report of contracting COVID-19 from the vaccine, isolated throat tightness self-resolved, vasovagal reaction
- Currently breastfeeding
- Personally immunocompromised
- Concerns regarding infertility
- Concerns regarding medically vulnerable family members
- Reaction to other vaccines / medications / allergens that do not contain shared ingredients
- Allergic reaction to any foods, including eggs and gelatin, latex, preservatives, antibiotics, or metals including iron, nickel, cobalt, lithium, rare earth alloys

Refer questions to email: usn.Jacksonville.navhospjaxfl.list.covid-medical-waiver@mail.mil
or DHA Global Teleconsultation Portal: https://help.nmcp.med.navy.mil/path/user/Login.action

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
6300
Ser M00/21M00035
3 Sep 21

MEMORANDUM FOR COMMANDER, NAVAL MEDICAL FORCES ATLANTIC
COMMANDER, NAVAL MEDICAL FORCES PACIFIC
COMMANDER, NAVAL MEDICAL FORCES SUPPORT COMMAND

Subj: INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION

Ref: (a) Comirnaty® Biologics License Application
(b) Emergency Use Authorization for Pfizer-BioNTech COVID-19 vaccine of 23 Aug 2021

1. Purpose. Address the interchangeability of the Food and Drug Administration (FDA)-approved Comirnaty® and FDA-authorized Pfizer-BioNTech Coronavirus Disease 2019 (COVID-19) vaccine.

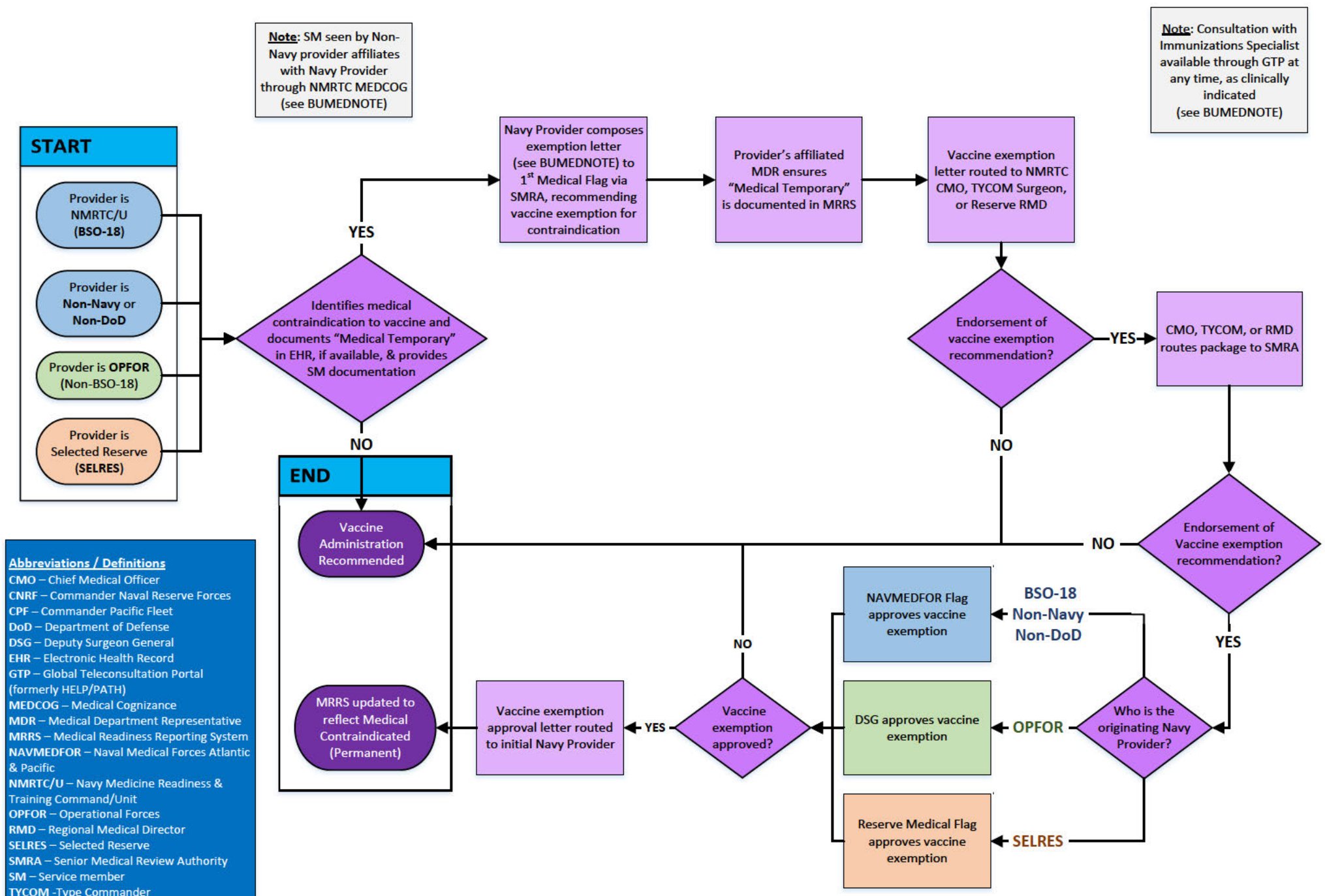
2. Background. On 23 August 2021, the FDA approved the Biologics License Application submitted by Pfizer-BioNTech for individuals 16 years of age and older, reference (a). On the same day the FDA revised the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine for individuals 12-15 years of age and for a third dose in immunocompromised individuals, reference (b).

3. The FDA-approved vaccine, and the vaccine used under the EUA, have the same formulation, and can be used interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns. Navy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations.

B. L. GILLINGHAM

Copy to:
COMPACFLT
COMUSFLTFORCOM
OPNAV (N3N5)
HQMC HS

Navy SARS-CoV-2 (COVID-19) Vaccine "Medical Contraindication" Permanent Exemption Approval Process



Abbreviations / Definitions

CMO – Chief Medical Officer
CNRF – Commander Naval Reserve Forces
CPF – Commander Pacific Fleet
DoD – Department of Defense
DSG – Deputy Surgeon General
EHR – Electronic Health Record
GTP – Global Teleconsultation Portal (formerly HELP/PATH)
MEDCOG – Medical Cognizance
MDR – Medical Department Representative
MRRS – Medical Readiness Reporting System
NAVMEDFOR – Naval Medical Forces Atlantic & Pacific
NMRTC/U – Navy Medicine Readiness & Training Command/Unit
OPFOR – Operational Forces
RMD – Regional Medical Director
SELRES – Selected Reserve
SMRA – Senior Medical Review Authority
SM – Service member
TYCOM -Type Commander
USFF – United States Fleet Forces

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

Canc: Nov 2021
IN REPLY REFER TO
BUMEDNOTE 6000
BUMED-M3
16 Nov 2020

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: IMPLEMENTATION OF ELECTRONIC MEDICAL EVALUATION BOARD REPORT

Ref: (a) DoD Instruction 1332.18 of 17 May 2018
(b) SECNAVINST 1850.4F
(c) SECNAV M-1850.1
(d) NAVMED P-117
(e) BUMEDINST 6000.19
(f) DTM 18-004, Revised Timeliness Goals for the Integrated Disabiity Evaluation System of 30 Jul 2018
(g) DEPSECDEF memo of 13 Dec 18

1. Purpose. Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) must utilize the electronic Medical Evaluation Board Report (eMEBR) application in Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART) for all new cases where Service members are being considered for Disability Evaluation System (DES) referral (pre-DES), or when referred into the DES, and process cases per references (a) through (d), and enclosure (1) of reference (e). Reference (e) requires LIMDU SMART for processing Medical Evaluation Board (MEB) activities, where this notice provides direction on phased implementation timelines for use of eMEBR application in LIMDU SMART, by NAVMEDREADTRNCMD.

2. Scope and Applicability. This notice is applicable to patient administration departments, MEB offices, all healthcare providers (including operational medicine healthcare providers) delivering care to Sailors or Marines in medical treatment facilities. In addition, this notice provides a process to fulfill DES requirements as outlined in references (a) through (f).

3. Background. Expeditious processing of ill and injured Service members through the DES facilitates appropriate adjudication of their ability to continue naval Service, and additionally ensures we maintain a ready and lethal force. In reference (g), the Deputy Secretary of Defense directs Military Service Departments to complete DES processing within 180 calendar days from date of referral.

4. Action. To standardize, systemize, and optimize DES processing and meet quality and timeline goals in references (a) through (c), (f), and (g), Bureau of Medicine and Surgery (BUMED) directs Naval Medical Forces Atlantic and Naval Medical Forces Pacific to implement use of the asynchronous eMEBR application in LIMDU SMART across all

NAVMEDREADTRNCMDs in three phases by site, as outlined at https://esportal.med.navy.mil/bumed/rh/m3/M34/MEBs/DES/SitePages/Home.aspx. In addition, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must ensure NAVMEDREAD-TRNCMDs provide support to operational medicine healthcare providers for integration into the MEB and LIMDU SMART processes.

5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

G. D. SHAFFER
Acting

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx

USAF Fighter Pilot, Major, 36y/o Male

- Single dose of J&J, within 10 hours, forced to call paramedics and sent to ER
- Grounded from flight status for over a month
- Flight medicine, despite his adverse reaction, will not grant an exemption from further shots
- On 21 December, diagnosed with pericarditis and anaphylaxis

28 Oct 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: VACCINE INJURED AIR FORCE FIGHTER PILOT

SUBJECT: Summary of impact after COVID-19 vaccine to an Air Force Fighter Pilot

1. This memorandum will highlight a substantial and specific danger to the safety of our armed services and is being submitted under protected communication with congressional members. I request to have my identity redacted if this memorandum is shared outside of these protected communication channels in accordance with the Whistle Blower Protection Act.

2. I am a current and qualified A-10 [redacted] instructor pilot stationed at [redacted] I hold advanced qualifications as a Formal Training Course Instructor Pilot, Mission Commander, Rescue Mission Commander Instructor, Forward Air Controller-Airborne instructor, and [redacted]. I have 1,958 flight hours, 864 instructor hours, trained hundreds of wingmen, flight leads, instructors, JTACs, and Ground Force Commanders. I have 219 combat hours in Syria and Iraq, and have been awarded multiple air medals and awards. The total cost of my training based on hours, qualifications, and ordinance is estimated to be $25M. I am one of many pilots across the DoD that are now recovering from a vaccine injury.

3. In order to be a fighter pilot, we must go through rigorous mental and physical medical screenings to fly high performance aircraft. As such, I have passed stringent initial screenings and yearly exams as exemplified in my medical records and physical fitness reports. I was able to perform in the excellent category of physical fitness my entire career and have excellent history of cardiovascular and muscular fitness. The day prior to taking the vaccine, I could run a 1.5 mile in less than 10.5 minutes and max out the high score in push-ups and sit-ups for our physical fitness evaluations. I rarely became ill and had no preconditions that threatened my health. I was a healthy 6'1", 190 lb 36-year-old. I have never been diagnosed with COVID-19 or received a positive COVID-19 test result.

4. In accordance with the Department of the Air Force's policy to vaccinate against COVID-19 as required by the SECDEF mandate, I received an order to receive two doses of a fully FDA licensed COVID-19 vaccine or vaccine still under an EAU to meet deadlines as outlined by the Department of the Air Force. Knowing the risks of side effects of taking COVID-19 vaccinations, I was reluctant to take the vaccine but was informed failure to comply would result in non-judicial punishment or court martial under Article 92 of the UCMJ, and administrative discharge from military service. On 2 October 2021, I was ordered by my direct supervisor to take a COVID-19 vaccine by 18 Oct 2021 or face termination of my 13-year military career. Thus, on 8 October, I reluctantly took the Johnson and Johnson COVID-19 vaccine in order to preserve my career and only source of income. I now regret that decision.

5. I took the vaccine at approximately 1000 am on Oct 8. At first, side effects of the J&J COVID-19 vaccine seemed normal throughout the day with muscle pain, soreness, and fatigue. At my home that evening while going to bed, I began experiencing numbness and tingling throughout my left shoulder, neck, and arm. It felt as if someone was squeezing my heart while an elephant was sitting on my chest. A sudden wave of nausea came over me and I got up to vomit. When I stood up, the nausea went away. However, my arms and legs began convulsing to the point at which I was unable to stand up without assistance for 9-10 minutes. Concerned I may be experiencing a heart attack or stroke, my wife helped me call 911. By the time the EMTs arrived at my home, the convulsions had mostly stopped. However, the chest tightness and numbness in my left arm remained. They performed a 12-lead ECG and determined my vitals were normal. I elected to try to get some rest at home that evening instead of going to the ER that night. The next day, 09 Oct 2021, the symptoms of tightness in chest, fatigue, and slight waves of nausea persisted so I was admitted into the [redacted] Emergency Room at 1031. There I received two ECG tests, a chest X-ray, and blood labs. Each test came back normal. I scheduled a D-Dimer test to detect the presence of blood clots. The test occurred at [redacted], on 11 Oct 2021. Dr. [redacted] reviewed the D-Dimer results and said they were normal. Symptoms of tightness in chest, fatigue, pain around the heart, and numbness in left arm and shoulder persisted periodically throughout the next two weeks. I visited cardiologist [redacted] on 20 Oct 2021 to discuss my ongoing symptoms and the results from the tests I had earlier in the month. He ordered an echocardiogram that was performed on Friday 21 Oct 2021 at [redacted] Hospital. The echo results were normal. Although no formal diagnosis exists at this point, all reported symptoms have been well documented by the aforementioned medical clinicians and doctors. Symptoms have persisted to the day of writing this memo. My primary care provider has filed the VAERS report for my reaction.

6. I have only been able to work on base three days in October since I took the injection. I am limited to a single event per day ground-based training. I have not been able to fly for three weeks since I took the vaccine. I was officially placed under Duties Not Including Flying (DNIF) status on [redacted] with a 30-day grounding.

a. Line of Duty struggles include being unable to fly, shortness of breath when teaching, fatigue going up and down stairs, not being able to work out to maintain my fitness, dealing with the stress of potentially never being able to fly again.

b. Family life and home life is also impacted. I am limited in my ability to play with my kids, I almost had to cancel a family vacation for my children's fall break. My wife has had to shoulder the burden of taking care of home tasks and the children. [redacted]

c. My mission at work is training [redacted] Losing one instructor for flying and limited ground-based training significantly burdens other instructor pilots to share the load. We have limited experienced instructors like myself, therefor we cannot afford to lose the instructors who are qualified to train new instructors. [redacted] If I lose my flying currency, [redacted] will be forced to rush less

experienced instructors into critical instructor roles. Additionally, this vaccine mandate is forcing some of our experienced instructor pilots with over 19 years of military service to leave the military. If we lose these instructors in addition to those suffering injuries, we will get into severe mission degradation territory.

7. I implore members of Congress to consider the effect this policy is having on our nation's fighting force. We are being forced to take a vaccine that is still under EUA to meet deadlines outlined by our service departments. The immediate impact on our readiness and health is staggering. No doubt I am not alone in these struggles as I have been in contact with several other members of the military that are also suffering from vaccine injury. I have encouraged them to also come forward despite the risk to their careers. I humbly request the DoD immediately cease the COVID-19 vaccine program to assess their safety, perform a mission impact and readiness study, and conduct a DoD wide survey of those that have been injured by the vaccine and are scared to come forward in fear of losing their careers. We must determine the true effects of these vaccines on our health, our readiness, and national security.

[redacted]

A-10C Instructor Pilot

Attachments:

1. Medical Records
[redacted]
3. Order to vaccinate
[redacted]

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información méd[redacted]

Last [redacted] First Name MI

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		___/___/___ mm dd yy	
2nd Dose COVID-19		___/___/___ mm dd yy	
Other	covid-19 Janssen [redacted]	10/8/21 mm dd yy	[redacted]
Other		___/___/___ mm dd yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	_____/_____/_____ mm dd yy
Other Otra	_____/_____/_____ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

[redacted]

Result type: .Emergency Room Report
Date/Time of Service: October 09, 2021 12:51 MST
Result status: Unauth
Result title: ED Note
Contributed by: [redacted] on October 09, 2021 12:51 MST
Encounter info: [redacted] Emergency, 10/09/2021 -

* Preliminary Report *

Chief Complaint
Had COVID Vaccine yesterday developed CP with SOb at 2200 last night. Called EMS told to come to ED if worse this AM

Patient Information
[redacted] Age: 36 Years DOB: [redacted] Sex: Male

Provider patient care initiated: 10/09/21 12:21
Additional Information:
No qualifying data available.
ED Admitted Time / Means
ED Admitted Via - Ambulatory/POV - 10/09/21 10:31

History of Present Illness
Patient is a 36-year-old male previously healthy presented emergency department today for chest pain with shortness of breath. States that he had a Covid vaccine Johnson and Johnson yesterday around 10 AM. He did greater than 100 push-ups to help with blood flow later that day. Around 10 PM while laying in bed he felt crushing left-sided chest pressure and felt avulsions in all extremities although he did not lose consciousness or have any tongue biting urinary incontinence and he was aware throughout. This episode lasted shortly and then called the ambulance. By the time EMS showed up when he stood up he did feel quite a bit better with improvement in shortness of breath and chest pain although not completely resolved. Difficult vitals and had normal EKG per EMS and he decided to relax and sleep in his own bed. Woke up this morning still had mild chest discomfort and wanted to be evaluated here in the emergency department.

Denies any current nausea vomiting diarrhea. Denies any illicit drug use, does not smoke, does not drink, does not take any hormonal medication, has had no blood clots in the past, no family history, and did not have any prolonged resting periods and has had no leg swelling. No hemoptysis.

Review of Systems
Constitutional: [-] fever [-] chills
HENT: [-] sore throat
Eyes: [-] double vision
Respiratory: [-] cough [+] shortness of breath
Cardio: [+] chest pain
GI: [+] nausea, [-] vomiting, [-] blood in stool
GU: [-] dysuria
MSK: [-] Trauma
Skin: [-] wound
Neuro: [-] numbness [-] weakness [-] severe headaches

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Medications
ibuprofen, 600 mg= 1 tab, Oral, Once
Tylenol, 1000 mg= 2 tab, Oral, Once

Allergies
No known allergies

Social History
Electronic Cigarette/Vaping
Electronic Cigarette Use: Never., 10/09/2021
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 10/09/2021

POC Lab Results
Point of Care Test Results
No qualifying data available.

EKG Results
EKG at 1119 shows heart rate 87, sinus rhythm, normal axis, normal intervals, no STEMI.

[redacted]

Endo/Heme/Allergies: [-] bleeding
Psych/Behavioral: [+] anxiety

Physical Exam

Vitals & Measurements
T: 36.5 °C (Tympanic) **HR:** 84(Peripheral) **RR:** 20 **BP:** 162/84 **SpO2:** 96%
HT: 185 cm **WT:** 90.4 kg **BMI:** 26.41
Other Vitals
Nursing note and vitals reviewed.

Constitutional: NAD, non-toxic appearing
HEENT: EOMI
Neck: FROM
Cardiovascular: Regular rate, regular rhythm
Pulmonary/Chest: non-labored breathing, clear to lung auscultation bilaterally, mild tenderness to palpation with left chest.
Abdominal: Non-distended, soft, non tender
Extremities: No BLE edema
Skin: no rashes
Neurological: CNII-XII intact, no seizure-like activity, strength 5/5 in all extremities, sensation intact in all extremities, no dysmetria, no dysdiadokinesis
Psychological: appropriate mood and affectNo qualifying data available.
DDX: Musculoskeletal strain, anxiety attack, ACS, GERD, pneumothorax, PE

Medical Decision Making
Patient is a 36-year-old male previously healthy presenting to the emergency department today greater than 12 hours after chest pain and shortness of breath episode. On arrival, reassuring vitals. On exam, mild left pectoral tenderness to palpation otherwise reassuring exam with no evidence of leg swelling with regular rate and rhythm and clear lungs and normal neuro exam.

Labs done in triage Show normal CBC, normal CMP, undetectable troponin. Chest x-ray showed no acute findings. EKG at 1119 shows heart rate 87, sinus rhythm, normal axis, normal intervals, no STEMI. Repeat EKG done at 1249 showed normal sinus rhythm, normal axis, normal intervals, no STEMI and no changes between EKGs.

Tylenol and ibuprofen mildly improved patient's symptoms. Unable to say for certain origin of symptoms. With his chest pain after workout yesterday, possibly musculoskeletal in origin with an anxiety component. Additionally possible vaccine reaction. With a heart score of 1 only positive for story, less likely ACS. Additionally with no risk factors for PE and PERC negative, unlikely pulmonary embolism.

Given close follow-up primary care physician and given close return precautions including any return of symptoms and discharged home with close primary care follow-up.

Assessment/Plan
Chest pain
Orders:
acetaminophen, 1,000 mg = 2 tab, Oral, Tab, Once, First Dose: 10/09/21 12:49:00 MST, Stop Date: 10/09/21 12:49:00 MST, First Dose Priority: STAT
ibuprofen, 600 mg = 1 tab, Oral, Tab, Once, First Dose: 10/09/21 12:49:00 MST, Stop Date: 10/09/21 12:49:00 MST, First Dose Priority: STAT
EKG, 10/09/21 12:49:00 MST, Stat, Chest Pain, Portable, 10/09/21 12:49:00 MST

Coded Diagnoses

Chest pain (Chest pain, unspecified, R07.9)
Shortness of breath (Shortness of breath, R06.02)
Convulsion (Unspecified convulsions, R56.9)

Signature Line
Electronically Signed on 10/09/2021 13:24 MST

Completed Action List:
* Perform by [redacted] on October 09, 2021 12:51 MST
* Modify by [redacted] on October 09, 2021 12:51 MST
* Modify by [redacted] on October 09, 2021 13:24 MST
* Sign by [redacted] on October 09, 2021 13:24 MST Requested by [redacted] on October 09, 2021 12:51 MST

[redacted]

Result type:	Chest Single View Adult Portable
Date/Time of Service:	October 09, 2021 11:09 MST
Result status:	Auth (Verified)
Result title:	Chest Single View Adult Portable
Contributed by:	[redacted] on October 09, 2021 12:02 MST
Verified by:	[redacted] on October 09, 2021 12:02 MST
Encounter info:	[redacted] Emergency, 10/09/2021 -

* Final Report *

Reason For Exam
Shortness of breath

Chest Single View Adult Portable
EXAM: Portable AP radiograph of the chest.

INDICATION: Shortness of breath

COMPARISON: None available.

FINDINGS:

Support Devices: None.

Lungs: No definite consolidation, interstitial abnormality or focal lesion.

Pleura: No pleural effusion. No pneumothorax.

Heart/Mediastinum: The cardiac silhouette appears normal in size. No pulmonary vascular congestion.

Musculoskeletal: Osseous structures grossly intact.

impression:
No acute cardiopulmonary abnormality.

I, the signing physician, have personally reviewed the examination and report on this patient and edited the report if necessary. I agree with the report as it is written.

Chest Single View Adult Portable [redacted]
* Final Report *

The workstation used in generating this report was [redacted]

Signature Line

***** Final Report *****

Dictated Date/Time: 10/09/21 12:02 pm MST Interpreted By:
[redacted]
Signature Date Time: 10/09/21 12:02 pm MST :AKA Signed By: [redacted]
[redacted]

Electronically Signed

Completed Action List:
* Order by [redacted] on October 09, 2021 10:51 MST
* Perform by [redacted] on October 09, 2021 11:09 MST
* VERIFY by [redacted] on October 09, 2021 12:02 MSTRequested on October 09, 2021 11:27 MST
* Review by [redacted] on October 09, 2021 12:04 MST
* Review by [redacted] on October 09, 2021 12:21 MST

Printed by: [redacted]
Printed on: 10/09/2021 13:17 MST

[redacted]

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

2 October 2021

MEMORANDUM FOR ALL UNVACCINATED [redacted]

FROM: [redacted]

SUBJECT: Order to Receive Mandatory COVID-19 Vaccine

References: (a) Secretary of Defense, *Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members* (24 August 2021)
(b) Secretary of the Air Force, *Mandatory Coronavirus Disease 2019 Vaccination of Department of the Air Force Military Members* (03 September 2021)
(c) AFI 48-110_IP, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases* (16 February 2018)
(d) Assistant Secretary of Defense, *Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines* (14 September 2021)

1. On 24 August 2021, the Secretary of Defense issued a mandate for all members of the Armed Forces under DoD authority on active duty or in the Ready Reserve, including the National Guard, to receive the COVID-19 vaccine (Reference (a)). Subsequently, on 3 September 2021, the Department of the Air Force issued additional guidance that, unless exempted, all Reserve Airmen will be fully vaccinated by 2 December (Reference (b)).

2. Mandatory vaccination will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA). Currently, that only includes the Pfizer COVID-19 vaccine, marketed as "Comirnaty," but could at a future date include Moderna's and Johnson & Johnson (J&J) COVID-19 vaccines if they receive full licensure from the FDA. Additionally, consistent with FDA guidance, DoD health care providers will use both the Emergency Use Authorized (EUA) Pfizer-BioNTech COVID-19 vaccine and the Comirnaty COVID-19 vaccine interchangeably for the purpose of vaccinating Service members.

a. Service members are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Those with previous COVID-19 infections are not considered fully vaccinated.

b. "Proof of vaccination" as used in this order means proof of the (1) lot number and date of vaccination, as well as the (2) name, location, and contact information for the organization that administered the vaccine.

3. As of the date of this order, the [redacted] did not have record of your COVID-19 vaccination. As a result, and in accordance with the above paragraphs, I am ordering you to receive an initial dose of a COVID-19 vaccine with full licensure approval from the FDA (Comirnaty or Pfizer-BioNTech) AND provide proof by **18 October 2021**. Additionally, you are ordered to receive the second dose of the same vaccine AND provide proof by **18 November 2021**.

   a. If you previously received the completed vaccination series but your military medical records do not reflect it, you similarly are required to provide proof of vaccination by the dates listed above.

   b. The 18 October 2021 date above also applies to exemptions. This means you must provide either a completed request for a religious accommodation addressed to the AFRC/CC (delivered to me), or proof of a medical exemption approved by a military medical provider.

4. The Pfizer COVID-19 vaccine is not the only option available for complying with this order. Alternatively, you may choose to receive the two-shot Moderna COVID-19 vaccine or the single shot J&J COVID-19 vaccine. If you choose to receive the Moderna series vaccine, you must comply with the two deadlines listed above. If you choose to receive the J&J vaccine, you must comply with the first deadline listed above. It is YOUR responsibility to pay attention to these timelines.

5. If you have concerns about the COVID-19 vaccine, you have access to free advice and counseling through any of the installation agencies listed below. The completion dates listed should provide a reasonable amount of time in which to coordinate.

   a. Medical Concerns. [redacted] COVID-19 vaccination information office can be reached at [redacted] Additionally, a medical provider is available at each mass vaccination line to discuss individual questions or concerns.

   b. Legal Implications. The Area Defense Counsel's (ADC) Office can be reached at [redacted]

   c. Religious Concerns. Chaplain [redacted] can be reached at [redacted] or [redacted]

6. Our profession is a profession of arms, and we must be ready in every way to meet any challenge, anywhere, so we can fly, fight and win in the defense of our great Nation. Failure to comply with this lawful order may result in administrative action, including administrative discharge or separation, for failing to meet readiness requirements.

[redacted]

[redacted]

MEMORANDUM FOR [redacted]

1. I acknowledge receipt of this order on 2 Oct 21. I understand the dates for starting and completing the COVID-19 vaccination process. I also understand I must provide proof by the dates listed in the order.

2. I intend to do the following (initial):

   a. [redacted] Comply with the order and receive the COVID-19 vaccine as directed.
   b. _____ Request a military medical exemption with the understanding that I must provide proof of an approved exemption to the Commander by **18 October 2021**.
   c. _____ Submit a written religious accommodation request to the approving authority through the Commander by **08 October 2021**.
   d. _____ Decline to get the COVID-19 vaccine as directed. I understand the consequences of refusing to get the vaccine as directed and I understand that my refusal may lead to my discharge from the Air Force.

3. I understand that if I elect to seek an exemption, but do not provide proof of either an approved medical exemption or proof of a pending religious accommodation request by the dates/time specified above, I will be required to receive the COVID-19 vaccine NLT **28 October 2021**.

[redacted]

USN Pilot, Commander, 42y/o Male

- Constant tightness in chest, heart palpitations, difficulty breathing five days after second Pfizer dose
- Service member’s cardiologist suspects Myocarditis
- Grounded from flying for months

17 DEC 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: VACCINE INJURED U.S. NAVY PILOT

SUBJECT: Summary of Adverse Reaction to COVID-19 mRNA Vaccine

1. The intent of this memorandum is to highlight the potential dangers the mRNA vaccines pose to our young, healthy, active, and all-volunteer force. I understand that this memorandum is being submitted under protected communication with members of congress and request to have my identity redacted if shared outside of these protected communication channels in accordance with the Whistleblower Protection Act.

2. I am a current and qualified MH-60R Seahawk helicopter pilot in the U.S. Navy, and currently serve [redacted] I have served proudly, and honorably, for more than 19 years, and am scheduled for retirement in September of 2022. Throughout my career, I have obtained every advanced flight, instructor, and tactical qualification available to me while accumulating nearly 2,600 flight hours, with more than 1,000 instructor hours. Unfortunately, I am one of many members across the DoD who are now recovering from adverse effects, directly linked to the mRNA vaccine, specifically, the Pfizer vaccine authorized under the Emergency Use and Authorization Act.

3. As an active duty Naval Aviator, I have endured my fair share of physical and mental challenges to get where I am today. I have always passed my medical screenings without issue, and without delay, avoiding any unnecessary "groundings" in my flight status as a result of my physical and mental health. I have not had any issues or concerns in passing physical fitness tests, nor annual flight physicals. Throughout my entire flying career, I cannot recall a single time where I was "sick in quarters", resulting in missed flying or impacts to my job, related to any medical illness. Up until my second dose of the Pfizer vaccine, I was a healthy, 5'9", 155 lb, 41 year old aviator. Additionally, I have never been diagnosed with COVID-19, nor received a positive COVID-19 test result, during any of the PCR test screenings.

4. When the DoD introduced the mRNA vaccines to us in February of 2021, I volunteered to receive this vaccine based on the information available at that time, and the promise that receiving those, would allow for us (as Navy members), to avoid what was known as "pre-deployment sequester", or isolating in a hotel room for a minimum of 14-days prior to deployment. This "carrot", when dangled in front of me, along with the four-star leadership stating that we would return to pre-COVID life on deployment (foreign port visits), led me to believe that it was in my best interest to receive the experimental vaccine. I took my first dose of the Pfizer vaccine on 19 Feb 2021, and the second dose on 03 Mar 2021. I now regret this decision, and the thought process that led me to voluntarily accepting the vaccination.

5. Within five days of receiving the second dose of the Pfizer mRNA vaccine, I began to experience what I considered serious, adverse side effects. I began feeling constant tightness in my chest, heart palpitations, what felt to me like an extremely elevated heart rate, dizziness, and difficulty breathing. As previously stated, these symptoms began within five days of the second dose and continued to plague me for more than a month before I sought medical attention. I recall a Sunday afternoon, when I was driving my kids to the beach [redacted], when I had a sudden onset of

all the symptoms described above. The heart palpitations and difficulty breathing became so severe, that my vision became blurred and I felt as though I was nearing the point of losing consciousness. I was able to fight through the symptoms, and the very next day, I reported to medical [redacted]

6. The Senior Medical Officer [redacted] ran some basic diagnostic tests and ultimately determined that I should immediately report to an Emergency room at the nearest Naval Hospital which was [redacted] On the morning of 03 May, 2021, I was admitted into the Emergency Room for observation and testing. While in the ER, I received an EKG test, monitored for all vitals, and had an ultrasound performed on my heart. The heart was scanned using a cardiac ultrasound, x-rays, and data collected on heart activity with a standard 12-lead EKG. In addition, blood samples were collected to run lab tests for pericarditis indicators. No obvious abnormalities were detected, and all indications showed normal functionality of the heart. Based on no life-threatening or serious issues discovered in the Emergency Room, the direction was for a follow-on consultation with a cardiologist to further examine the symptoms I was experiencing. Following this visit to the Emergency Room, and the ongoing heart complications from the vaccine, the Senior Medical Officer (Flight Surgeon) [redacted] delayed the approval of my annual flight physical, and I found myself "grounded" from all flight duties, until the issue was resolved.

7. During the month of May 2021, I had two visits with a Cardiologist, and a final consult with the Cardiologist in early June 2021. The first visit was a standard consultation to review the ER findings and discuss treatment and options going forward. During this consultation, I was given a Holter monitor, that I wore on my chest to capture a minimum of 72 hours-worth of heart activity and returned to the medical treatment facility for analysis. Follow-up data from the monitor did not indicate anything alarming or abnormal. The second visit was to run an extensive, 30-minute echocardiogram, to obtain quality images of my heart and observe all functionality of the heart. The third and final visit was to conduct a "stress test", where I had a 12-lead EKG monitor my heart activity while running on a treadmill at increasing speeds and incline levels, to "stress" the heart, and observe its response. Overall findings concluded that no acute coronary syndrome existed, and the Doctor mentioned "it is possible that the Pfizer vaccine could have caused a case of myocarditis, but due to the length of time since symptoms began, difficult to directly link the two together."

8. It should be noted that at no point, did any of the medical professionals, volunteer to enter any of my adverse side effects into the VAERS system for properly documenting and reporting adverse side effects. When I asked about this, it was quickly dismissed, and again, none of the medical professionals wanted to document the adverse side effects and link it to the COVID-19 vaccine. I personally submitted a VAERS report for my symptoms on 27 JUN 2021, and the case number for my report is 572027.

9. The symptoms I experienced within days of receiving my second mRNA vaccine dose were serious adverse side effects and completely unnecessary given my previous health history. I humbly request the members of congress look into the effects of the COVID-19 vaccines on the overall health risks and benefits they may have on our service members. Forcing military service members to choose between vaccinations for a virus which they statistically have an extremely low risk of death or serious injury and their careers is unthinkable. Many, to include our current Commander-in-Chief, told us that the vaccines were voluntary and would never be mandated. Unfortunately, our leadership throughout the chain of command has changed their policy, and now demands we

choose between our careers and the vaccination. It is not difficult for me to envision the next mandate, booster shots for all service members. As someone who experienced a severe adverse reaction to the vaccine, I should not be required to take a booster, but can imagine being forced to choose between accepting a known health risk (previous adverse heart reaction like myocarditis), or losing my job and pension within months of retirement. The madness must stop. Please help us, I humbly implore the members of Congress to assist in taking a measured approach to looking at all the pros and cons of vaccinations while not alienating service members who have otherwise devoted their lives to serving our great nation.

[redacted]

CDR, USN

Attachments:

1) COVID-19 Vaccination Record
2) [redacted] Hospital Discharge Paperwork
3) Hospital Cardiology Paperwork

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información

[redacted]

Last Name [redacted] First Name [redacted] MI

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	PFIZER [redacted]	FEB 09 2021 mm dd yy	[redacted]
2nd Dose COVID-19	PFIZER [redacted]	03 MAR 21 mm dd yy	QP
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	MAR 1 2 2021 mm dd yy
Other Otra	____/____/____ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

Document info

Result type:	Cardiology Outpatient Note
Result date:	[redacted]
Result status:	modified
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Cardiology Office Visit Note

Patient: [redacted] **DOB:** [redacted]

Chief Complaint
Palpitations and chest tightness

History of Present Illness
42-year-old active-duty male presents for evaluation of 2 months of palpitations accompanied with a sensation of chest tightness, continue to take another larger breath. Occurs spontaneously, no inciting or relieving factors, resolves quickly. Does not travel to back or arm. Palpitations feel like rapid heartbeat, he wears a heart monitor watch and says that he is normally in the 50s to 60s and will see his rate jump into the 120s. These symptoms occur daily, not associated with exertion, able to exercise regularly without symptoms. . No other associated symptoms. patient notes that symptom onset started approximately 7-10 days after he received second Pfizer Covid 19 vaccine dose. No other significant life changes or stressors, past medical history only notable for benign tumor of left hip requiring reconstruction and retained hardware.

Never smoker, rare alcohol use, family history of heart disease and HTN in his maternal grandmother, cancer in his father and paternal grandfather. Patient was prescribed Pepcid in the ER but did not pick it up due to long lines the pharmacy that day.

Review of Systems
General: no fatigue, weight gain, weight loss, fever, chills
HEENT: no eye pain, blurry vision, hearing loss, sore throat
Cardiac: + palpitations, + chest tightness, no lightheadedness, syncope, claudication, orthopnea, PND
Chest: no cough, wheezing, sputum production
Abd: no pain, reflux, anorexia, dysphagia, constipation, diarrhea, nausea, vomiting
GU: no dysuria, incontinence, nocturia, urinary retention
Heme: no easy bruising, bleeding, lymphadenopathy
MSK: no arthralgias, back pain, limb pain, myalgias
Neuro: no weakness, headache, seizure, tremors, falls, neuropathy, vertigo, imbalance

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Procedure/Surgical History
- total hip left (05.2002)

Medications
Pepcid 20 mg oral tablet, 20 mg= 1 tab(s), Oral, Daily

Allergies
No Known Medication Allergies

Social History
Alcohol
Occasional Use, 05/24/2021
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 05/24/2021
Smoking tobacco use: Never (less than 100 in lifetime)., 05/24/2021

Family History
Cancer: Father - FH.
Colon cancer: Paternal Grandfather - FH.
Heart disease: Maternal Grandmother - FH.
Hypertension: Maternal Grandmother - FH.

EKG
24 May 2021: Sinus rhythm with ventricular response 66 bpm, PR interval 132 ms, QRS 96 ms, QTC 381

Psych: no anxiety, depression, insomnia, hypersomnolence, psychosis, SI, HI

ms, normal axis, no significant ST or T-wave changes, no evidence of preexcitation.

Physical Exam

Vitals & Measurements
HR: 66(Peripheral) **BP:** 121/80 **SpO2:** 99% **HT:** 173 cm
WT: 70.00 kg(Dosing) **WT:** 70 kg(Measured)
General: NAD, AAOX4, Well nourished, Not ill appearing.
Pulmonary: normal respiratory effort, CTA bilaterally, no wheezes, rales, or rhonchi.
Cardiac: Normal S1/S2, no murmurs, rubs, or gallops. No JVD, no caroitd bruits. No edema, normal radial/DP/PT pulses, warm, well perfused.
Gastrointestinal: Normal bowel sounds, soft, non-tender, non-distended, no abdominal bruits
Neuro: MAEx4, strength equal bilaterally, appears grossly neurologically intact.
Psychiatric: No depression, normal affect

Assessment/Plan
1. Chest pain, unspecified
Palpitations and chest pain occur spontaneous and multiple times a day, not associated with exertion, ongoing for 2 months since receiving second dose of Pfizer Covid-19 vaccine. No significant findings in the emergency department. Patient notes tachycardia at rest according to heart rate monitor watch.
Recommend 48 hour Holter monitor for evaluation of arrhythmia, an transthoracic echocardiogram.
Findings not suggestive of acute coronary syndrome.
Recommend patient trial Pepcid and evaluate for any change in his symptoms, will reorder in case prior prescription is no longer available.
No indication for duty restrictions at this time.
Will follow-up with patient once results of Holter monitor and echocardiogram available.
Ordered:
Pepcid 20 mg oral tablet, 1 tab(s), Oral, Daily, # 30 tab(s), 0 total refill(s), Maintenance, 1 tab(s) Oral Daily, Pharmacy: DOD SAN DIEGO PHARMACY [Last filled 05/24/21]
CV Echocardiogram Transthoracic

2. Palpitations
Ordered:
CV Extended Holter Monitor

Screening due
Ordered:
CV Electrocardiogram

A total of 30 minutes was spent during this encounter. >50% of the time was spent coordinating care and/or counseling the patient on the diagnosis, evaluation and therapeutic options.

Patient verbalized understanding and agreement with diagnosis and treatment plan. Discussed red flag warning signs, reason to return to clinic or present to emergency room. Verbalized importance of obtaining follow up after studies and consultation are complete. No barriers to understanding identified.

Signed by
[redacted]

Cardiology
[redacted]

Addendum by [redacted]

On the date of this encounter, I was immediately available to assist the resident in the care of the patient, and have reviewed the resident's findings and agree with the plan of care except where noted.
[redacted]
Staff Cardiologist
[redacted]

Document info

Result type:	ED Note Provider
Result date:	[redacted]
Result status:	authenticated
Performed by:	[redacted]
Verified by:	[redacted]
Modified by:	[redacted]

ED/UC Provider Note

Patient: [redacted] **DOB:** [redacted]

Basic Information
Time Seen:
[redacted]

Chief Complaint
cp, sob x 7 weeks

History of Present Illness
42 yo previously healthy male presenting to the emergency department for evaluation of 7 weeks of intermittent mitten substernal, pressure-like chest pain and associated shortness of breath. Patient reports over the past 7 weeks he has had intermittent episodes of palpitations relative tachycardia and mild to moderate chest pain which is occasionally exertional in nature. Patient brought this up with his primary care physician who referred him to the emergency department for further work-up. He reports no associated nausea, vomiting, fevers, chills, recent cough, abdominal pain or back pain associated with this.

Review of Systems
Constitutional: no fever, no chills, no temperature intolerance, no sweats, no weakness/fatigue, normal appetite, no thirst, unchanged weight.

Skin: no Jaundice, no rash, no lesions, no itching, no hair/nail changes, no bed sores.

ENMT: no ear pain/ringing, no sore throat, no congestion, no hoarseness, no dry mouth, no mouth sores.

Respiratory: no shortness of breath, no cough, no orthopnea, no wheezing, no sleep apnea.

Cardiovascular: moderate chest pain, mild palpitations, no edema, nodyspnea with exertion.

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Allergies
No Known Medication Allergies

Social History
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 05/03/2021

Lab Results

Automated Hematology	LATEST RESULTS	
WBC	05/03/21 14:16	4.9
RBC	05/03/21 14:16	5.1
Hemoglobin	05/03/21 14:16	15.4

Gastrointestinal: no nausea, no vomiting, no diarrhea, no GI bleeding, no abdominal pain, no difficulty swallowing, no constipation.

Musculoskeletal: no back pain, no trauma, no muscle/joint pain, no falls.

Neurologic: no headache, no dizziness, no numbness, no weakness.

Psychiatric: no sleeping problems, no irritability, no mood swings/depression.

Heme/Lymph: no bleeding tendency, no bruising tendency, no petechaie, no swollen nodes.

Allergy/Immunologic: no seasonal allergies, no food allergies, no recurrent infections, no impaired immunity.

Additional ROS info: Except as noted in the above Review of Systems and in the History of Present Illness and all other systems have been reviewed and are negative or noncontributory.

Physical Exam

Vitals & Measurements
T: 36.7 °C (Oral) **HR:** 69(Peripheral) **RR:** 16 **BP:** 128/84 **SpO2:** 99%
WT: 70.5 kg(Measured) **WT:** 70.50 kg(Dosing)
General: alert, no acute distress, oriented x 4.

Skin: warm, dry.

Head: no trauma, normocephalic.

Neck: trachea midline, no adenopathy, no JVD.

Eye: equally reactive pupils, sclera clear.

Cardiovascular: regular rate and rhythm, absent murmurs.

Respiratory: lungs CTA, respirations normal work of breathing.

Abdomen: soft, non distended, no tenderness, present bowel sounds.

Extremities: edema absent, pulses normal.

Neurological: LOC _, CN II-XII intact, motor strength equal & normal bilaterally, sensation equal & normal bilaterally, speech normal.

Psychiatric: cooperative yes, affect normal, _ judgment, _ psychiatric thoughts.

Procedure
PROCEDURE NOTE: ED Cardiac Ultrasound
Performed by: [redacted]
Indication: chest pain and palpitations
Consent: Verbalconsent obtained from the Patientprior to the procedure. Indications, risks, and benefits explained at length.
Technique: [redacted]
Universal Protocol: A time out was performed and the correct patient was verified.
Sonographic Views: 3 view

Findings:
The patient's heart was scanned utilizing the above noted probe. The following views were obtained and evaluated. Cardiac activity

Hematocrit	05/03/21 14:16	45.5
MCV	05/03/21 14:16	88.9
MCH	05/03/21 14:16	30.1
MCHC	05/03/21 14:16	33.8
RDW CV	05/03/21 14:16	13.3
Platelets	05/03/21 14:16	364
MPV	05/03/21 14:16	9.1
Neutrophil % Auto	05/03/21 14:16	50.8
Lymphocyte % Auto	05/03/21 14:16	35.3
Monocyte % Auto	05/03/21 14:16	9.4
Eosinophil % Auto	05/03/21 14:16	3.5

was **present**. **No**anechoic fluid collection was seen in the pericardium. Evidence of cardiac tamponade **was not**present. Right heart evaluation showed **normal function without dilatation**. Left heart evaluation showed **normal function without dilatation**. Evaluation of the IVC size and respiratory variation was **Normal Exam**. Patient tolerated the procedure well without apparent complication.

Impression: Normal Exam_

Limitations:_

Medical Decision Making

Well-appearing 42-year-old male presenting to the emergency department referred by primary care physician for cardiac work-up. Hemodynamically stable and afebrile with reassuring physical exam. Stat echo performed, no obvious abnormalities. Different initial differential includes ACS, myocarditis, pulmonary embolus, esophageal tears or rupture.

Normal chest x-ray, nonischemic ECG. Pending cardiac labs at this time.

Reexamination/Reevaluation

Patient still comfortable. Reviewed labs, no evidence of myocarditis or ACS. Suspect GERD versus pericarditis as cause of patient's chest pain at this time. Discussed treatment plan with patient. Heart score 1. PERC negative. Will refer to cardiology and primary care physician. Precautions and the need for follow-up discussed.

Will give short trial of Pepcid. Discussed use of Motrin with the patient as well for possible pericarditis

Assessment/Plan

1. Chest pain, unspecified

Orders:

Discharge Patient

Patient Education

Gastroesophageal Reflux Disease, Adult

Pericarditis

Follow Up

With	When	Contact Information
Cardiology		
Additional Instructions: They should contact you for an appointment. You do not hear in 2 to 3 days, please contact [redacted]		

Medication Reconciliation

New

famotidine (Pepcid 20 mg oral tablet)1 tabs Oral (given by mouth) every day. Refills: 0.

Basophil % Auto	05/03/21 14:16	0.8	
Imm. Granulocyte %	05/03/21 14:16	0.2	
Neutro Absolute	05/03/21 14:16	2.47	
Lymph Absolute	05/03/21 14:16	1.72	
Mono Absolute	05/03/21 14:16	0.46	
Eos Absolute	05/03/21 14:16	0.17	
Baso Absolute	05/03/21 14:16	0.04	
nRBC % Auto	05/03/21 14:16	0.0	
nRBC Absolute	05/03/21 14:16	0.00	
Imm. Granulocyte Absolute	05/03/21 14:16	0.01	
Immature Platelet Fraction	05/03/21 14:16	0.7	Low

Routine Chemistry	LATEST RESULTS
Sodium	05/03/21 14:16 138
Potassium Lvl	05/03/21 14:16 4.2
Chloride	05/03/21 14:16 98
CO2	05/03/21 14:16 31
AGAP	05/03/21 14:16 9
BUN	05/03/21 14:16 12
Creatinine Level	05/03/21 14:16 0.9
BUN/Creat Ratio	05/03/21 14:16 13.3
eGFR AA	05/03/21 14:16 122
eGFR Non-AA	05/03/21 14:16 105

Glucose Lvl	05/03/21 14:16	97
Calcium	05/03/21 14:16	10.0
Protein Total	05/03/21 14:16	7.3
Albumin	05/03/21 14:16	4.5
A/G Ratio	05/03/21 14:16	1.6
Bilirubin Total	05/03/21 14:16	0.35
Bilirubin Direct	05/03/21 14:16	<0.2
Alk Phos	05/03/21 14:16	68
ALT	05/03/21 14:16	26
AST	05/03/21 14:16	30
Globulin	05/03/21 14:16	2.8

Cardiac Isoenzymes	LATEST RESULTS
Troponin-T	05/03/21 14:16 <0.010

Diagnostic Results
XR Chest 2 Views

05/03/21 11:11:36
XR Chest 2 Views

REFERRING PROVIDER
[redacted]

CLINICAL INFORMATION
Shortness of breath

COMPARISON
04/26/2016

TECHNIQUE
Frontal and lateral view chest.

FINDINGS

Lungs: Clear.
Pleura: Unremarkable. No effusion or pneumothorax.
Cardiomediastinal Silhouette: Unremarkable.
Bones: Normal for age.
Soft Tissues: Normal.

IMPRESSION

* Normal.

Result Category: Routine

Final Report by: [redacted]

Signed By: [redacted]
ECG
Sinus rhythm rate of 55, normal intervals, normal axis, normal precordial progression. Upward sloping ST segment elevation, not concerning for acute ischemia. No significant ST segment elevation or T wave inversion otherwise. Ischemic ECG obtained at 1250. Compared with previous ECG

obtained on patient's ship by primary care physician with no dynamic changes

USAF Instructor Pilot, Major, 40y/o Male

- Single dose of J&J vaccine, mild symptoms within 24 hours, but on day 4, sent to the ER
- Suffering from ongoing neurological condition that is causing numbness in extremities, headache, shaking, and dizziness.
- Grounded from flying despite critical role as instructor pilot, requires waiver to return to flying that could take years

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

10 Nov 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: CONCERNED AIR FORCE INSTRUCTOR PILOT

SUBJECT: Impact summary after COVID-19 vaccine to an Air Force Instructor Pilot

1. This memorandum is a short summary of the vaccine injury that I incurred after receiving a COVID-19 vaccination. It is being submitted under the provisions of the Whistle Blower Protection Act and I request to have my identity redacted if it is shared with these protected channels.

2. I am a current and qualified T-6A instructor pilot stationed [redacted]. I have served honorably for over 19 years in the USAF in three separate career fields as both enlisted and officer. As such, I have passed stringent medical screenings and I live a healthy lifestyle and have never experienced any significant health issues to date as a very healthy 40 year old male.

3. In accordance with the Air Force's policy to vaccinate against COVID-19 as required by the Secretary of Defense's mandate, I received an order to receive two doses of a fully FDA licensed COVID-19 vaccine or a vaccine still under an EAU to meet deadlines as outlined by the Department of the Air Force. Knowing that there is currently no FDA approved vaccine available within the DoD, I was reluctant to take the vaccine but was informed failure to comply would result in non judicial punishment or court martial. The Air Force threatened me with eventual dismissal from military service. Therefore, I reluctantly took the Johnson and Johnson COVID-19 vaccine on 24 September at 4 PM in order to preserve my career and only source of income. The following occurred after I received the vaccine.

4. The first 4 days after the injection, I had fever, chills, body aches, and a moderate headache with no apparent severe side effects. On the 4th day that rapidly changed. I suddenly felt as if a large knife was shoved through my head, both of my arms from the elbow down went numb, and I felt so dizzy and lightheaded that I could barely walk around without feeling like I was going to pass out. I Felt like I might pass out at any moment. I called my spouse to tell her to come home as quickly as possible. Frightened, my wife had our neighbor rush over to our house to take care of our scared children, and then rushed me to the hospital with symptoms of severe, stabbing headache, severe dizziness, nausea, numbness down both arms and legs, and a high heart rate.

5. I was rushed into the emergency room, where they administered IV antihistamines, pain killers, anti-nausea meds and fluids. They did a chest x-ray and ran blood labs. After an hour, the symptoms reduced slightly to a severe headache, moderate dizziness, and numbness. I was

discharged with a diagnosis of “Adverse effect of Covid-19 Vaccine, Paresthesia and Dizziness”. I combated these severe symptoms for nearly 28 days, to include a headache that did not subside with medication of any sort. I had several episodes of scary, uncontrollable shakiness. I have never experienced symptoms like this before in my life. Since the initial diagnosis, I have had three full blood lab panels, three EKG’s, an MRI, and an emergency CT Scan. I am currently waiting on a follow-up appointment with Neurology for full diagnosis.

6. I have returned to work on a limited office only duty status doing additional duties but am currently grounded from flight duties. I will remain grounded from flight status pending a full diagnosis and waiver process that could take months, or even years. I am also currently pursuing a Line of Duty determination to document this adverse reaction. My family is under an increased burden of stress as they take care of me and rotate regularly to observe me due to fears of possible sudden stroke, blood clot, or need of emergency care. This is no way to live.

7. I implore members of Congress to consider the effect this policy is having on our nation’s service member’s. We are being forced to take a vaccine that is still under EUA to meet deadlines outlined by our service departments. The immediate impact on our readiness and health is unknown, but I know I am not alone. I demand congress to put an immediate end to the DoD vaccine mandate. Congress is likely unaware of injuries like mine because our leadership is hiding them from you. Therefore, I felt compelled to speak out.

[redacted]

[redacted] Maj, USAFR

T-6 Instructor Pilot, [redacted]

Attachments:

1.Medical Record
2.VAERS Report
3.Order to vaccinate

[redacted]

[redacted]

Patient Visit Information

You were seen today for:

Adverse effect of COVID-19 vaccine

Your caregivers today were:

Primary Provider: [redacted]

Patient Instructions:

Received with this packet on 09/28/21 at 22:49
Acute Headache

Activity Restrictions or Additional Instructions:

Push fluids. Take otc excedrin migraine or ibuprofen for headache

Follow-Ups:

[redacted] has been referred to the following clinics/specialists for follow-up care:

1. PCP UNKNOWN Date: 2 days

[redacted]

[redacted]

Patient: [redacted]
Acct Num: [redacted]
Med Rec Num: [redacted]
Location: [redacted]
Primary Provider: [redacted]
Date: [redacted]

Patient Visit Information

You were seen today for:

Adverse effect of COVID-19 vaccine
Paresthesia
Dizziness

Your caregivers today were:

Primary Provider: [redacted]

Patient Instructions:

Received with this packet on 10/04/21 at 18:34
Dizziness
Paresthesia

Activity Restrictions or Additional Instructions:

Adverse reaction to COVID vaccine
Follow up with PCP tomorrow as scheduled

Follow-Ups:

[redacted] has been referred to the following clinics/specialists for follow-up care:

1. PCP UNKNOWN Date: 2 days

Report Confirmation
This confirmation may include updated information

VAERS ID: 1757020
E-Report Number: 667271
Date of Report: 10/02/2021
Date of Vaccination: 09/24/2021
Patient Age at Vaccination (years): 40.00
Vaccine Information:

1. COVID19 (COVID19 (JANSSEN)) / JANSSEN / [redacted]

USMC Infantry Captain, 28y/o Male

- Single dose of COVID-19 vaccine, chest pains within 24 hours, sent to ER four days after
- Diagnosed with likely pericarditis or pleurisy by cardiologist
- Still unable to exercise or exert himself
- Cardiologist recommended against further vaccination, however, military medical ignored recommendation despite never seeing the patient
- Has first person contact with other vaccine injured DoD members

14 December 2021

From: Captain [redacted], Marine Infantry Officer, [redacted]

To: The House and Senate Armed Services Committee

Subj: STATEMENT OF VACCINE INJURY

1. I took the first dose of the Pfizer/BioNTech on Monday 20 September 2021. Given my age (28), fitness level, presumed previous covid infection, reports of adverse vaccine reactions in my demographic, and unethical coercion methods, I did not want to get the vaccine. I knew at the time I was statistically at zero risk of covid. The vaccine could only increase my risks to negative health outcome, but, to my own shame and embarrassment, I regrettably succumbed to the pressure. Within 24 hours of receiving the first dose I experienced chest pain and shortness of breath. At first, I thought this may be typical vaccine reactions. However, the symptoms persisted continuously. Four days later, on Friday 24 September 2021 I called the [redacted], my military assigned health clinic aboard the [redacted]. After describing my symptoms, they recommended I go to the Emergency Room. I went to the ER and was tested with blood work, an EKG, and an X-ray. They deemed I was not in danger of immediate cardiac arrest and referred me to a cardiologist in town. The following week I went in person to 'sick call' at the [redacted] Health Clinic. There, they examined me and endorsed the cardiologist referral.

2. On 8 October, I met with my assigned cardiologist at the [redacted] Cardiology Clinic in [redacted]. My symptoms were continuous and daily up until this point. The severity of the pain led me to pray each night that I would wake up in the morning. The cardiologist did not see evidence of myocarditis but thought it could be pericarditis or pleurisy which are more difficult to detect given the tests the ER ran. He told me to take 800mg of ibuprofen each day to reduce the perceived inflammation that was occurring in my chest causing pain and shortness of breath. I did what he recommended and over the course of the next 10 days the symptoms slowly went away.

3. I had a follow up with the cardiologist on the 18 October 2021. He was pleased the ibuprofen reduced the symptoms, felt confident in his diagnosis, and told me it was probably safe to resume exercise. From then until early December, I exercised four times extremely lightly. Each attempt re-aggravated my symptoms and lasted for several days after. I still haven't attempted to restart an exercise routine because of this. I am scheduled for a stress echocardiogram test in early January.

4. After my appointment with the cardiologist on 18 October 2021, he wrote his doctor notes with his diagnosis of "likely pericarditis or at least pleurisy" and "I am recommending against receiving a second dose of the Pfizer vaccine related to these symptoms."

5. Through my chain of command, I routed my request for medical exemption for the second dose of the shot. What I considered a mere formality was denied by a medical officer at NAS Lemoore, who has never seen me as a

patient nor ever contacted my cardiologist. When I received his denial, I called his contact information and spoke to him on the phone for approximately 20 minutes. When I asked the medical officer about his adjudication, he incorrectly described my symptoms as occurring four days after the shot and told me that evidence of pericarditis would have occurred within 24 hours of the shot – which is precisely what happened to me. This was well documented for his adjudication. He then told me it was his responsibility from the Secretary of Navy and Secretary of Defense that everyone should be vaccinated unless the rarest of circumstances.

6. My immediate chain of command was surprised by this decision and decided to re-route the exemption straight to Quantico. Although we were told we would hear back on 16 November 2021, I have not received an official decision. My executive officer was told to expect a denial.

7. I joined the Marines Corps in the summer of 2016 out of deep pride and patriotism for my country. I have given it my all every day I put on the uniform. Unfortunately, it seems inevitable that I will be forced out of the Marine Corps with my name and character stigmatized with a general discharge. They will ensure I pay back tens of thousands of dollars of schooling, revoke my GI bill, take away my family's health insurance, and leave me with unresolved heart problems. I do not write this for sympathy or pity. It is not about me. I am a blessed man. I write this as a warning of what is happening to the military. There are thousands of military members that will be forced out because they refuse to violate their conscience. Further, we know some that get the vaccine will be injured like I was. We do not know the long-term consequences. Two of my best friends, one a green beret and the other a marine infantry officer, have been to the ER for chest pain for the first time in their life a few months after their second dose of the vaccine.

Subj: STATEMENT OF VACCINE INJURY

Name: [redacted]
Patient: [redacted] **DOB:** [redacted]
Date of Visit: 10/18/2021
Location: [redacted]
Dear Dr. Military Active,
I had the pleasure of seeing [redacted] in the [redacted] Cardiology Clinic on 10/18/2021 regarding their cardiac disease and associated risk factors.
He is here today for cardiovascular valuation related to symptoms of chest pain. He has no personal history of any significant cardiovascular disease and has no family history of premature ischemic heart disease. His son does have a murmur etiology unclear getting evaluated. There is also another family member second-degree who has an atrial septal defect.
He came to the emergency room recently with symptoms of chest pressure/discomfort. This happened after his first dose of the Pfizer Covid vaccine. He described a substernal chest pressure nonradiating moderate in intensity occurring at rest or with exertion. Even when he tries to pick up his son he feels a tightening discomfort. His symptoms are now completely resolved after using ibuprofen. Took about a few days before his pain was cut in half and another few days before completely resolved. His echocardiogram recently showed no pericardial effusion. He is extraordinarily hesitant to get a second dose of his vaccine because of these side effects and symptoms which I think is reasonable considering his likely pericarditis or at least pleurisy.
Fortunately in the emergency room his EKG was normal. Troponin was negative. D-dimer was negative. The rest of his blood test were unremarkable except for some very mild anemia with a hemoglobin of 13.3 which was normocytic.
Assessment/Plan: [redacted] is a 28 y.o. male with the following problems that we addressed today:
Pericarditis/pleurisy:
- Presumed diagnosis. No definite ECG evidence. Clinically seem like pericarditis/pleurisy. Resolved with ibuprofen. Occurred after the first dose of the Pfizer Covid vaccine. No evidence of pericarditis on his ECG. Normal cardiosilhouette on his chest x-ray.

Progress Notes

[redacted] at 10/19/2021 9:45 AM

Chief Complaint

Patient presents with

• Chest Pain

- Normal cardiovascular physical examination.
- Echocardiography did not show a pericardial effusion.
- I do not think any other cardiovascular testing is warranted. Doing a treadmill ECG stress test to exclude ischemic heart disease/coronary anomaly could be done although he does not have traditional risk factors for atherosclerotic heart disease and his symptoms have currently resolved.
- NSAIDs relieved his symptoms
- He will call with any questions/concerns or change in symptoms.

- I am recommending against receiving a second dose of the Pfizer vaccine related to these symptoms.

Diagnostic studies:
Echocardiograpy:
Echo 10/2021
Normal chamber sizes with normal right and left ventricular systolic function. Estimated ejection fraction 60%.
No significant valvular abnormalities.
No prior study for comparison

Stress testing:
None available

ECGs:
09/24/2021: Normal sinus rhythm. Normal ECG. Reviewed the tracing personally and directly with the patient

----

Coronary angiography:
None available

CT imaging:
None available

X-ray imaging:
Chest x-ray on 9/24/2021: Normal. Reviewed images personally and directly with the patient.

Vascular imaging:
Normal

Patient Active Problem List
Diagnosis
• Atypical chest pain
No current outpatient medications on file prior to visit.
No Known Allergies
History reviewed. No pertinent surgical history.
No current facility-administered medications on file prior to visit.
Family History
Problem Relation Age of Onset
• No Known Problems Mother
• No Known Problems Father
• No Known Problems Brother
irregular heart beat

• Heart murmur Son

Social History

Socioeconomic History

• Marital status: Married

Spouse name: Not on file

• Number of children: Not on file

• Years of education: Not on file

• Highest education level: Not on file

Occupational History

• Not on file

Tobacco Use

• Smoking status: Never Smoker

• Smokeless tobacco: Never Used

Substance and Sexual Activity

• Alcohol use: Not on file

• Drug use: Not on file

• Sexual activity: Not on file

Other Topics Concern

• Not on file

Social History Narrative

• Not on file

Social Determinants of Health

Financial Resource Strain:

• Difficulty of Paying Living Expenses:

Food Insecurity:

• Worried About Running Out of Food in the Last Year:

• Ran Out of Food in the Last Year:

Transportation Needs:

• Lack of Transportation (Medical):

• Lack of Transportation (Non-Medical):

Review of Systems: All systems were reviewed and are negative or non-contributory except for those findings mentioned in the HPI.

O:

Visit Vitals

Laboratory Data: See EMR. I have reviewed the pertinent laboratory data and cardiac imaging.

Physical Activity:

• Days of Exercise per Week:

• Minutes of Exercise per Session:

Stress:

• Feeling of Stress :

Social Connections:

• Frequency of Communication with Friends and Family:

• Frequency of Social Gatherings with Friends and Family:

• Attends Religious Services:
• Active Member of Clubs or Organizations:
• Attends Club or Organization Meetings:
• Marital Status:
Intimate Partner Violence:
• Fear of Current or Ex-Partner:
• Emotionally Abused:
• Physically Abused:
• Sexually Abused:
Smoking Status Never Smoker

Lab Results

Component Value Date
WBC 6.80 09/24/2021
HGB 13.3 (L) 09/24/2021
HCT 38.9 (L) 09/24/2021
MCV 85.8 09/24/2021
PLT 216 09/24/2021

Total Protein

Date Value Ref Range Status
09/24/2021 7.7 6.3 - 8.2 g/dL Final

Sodium

Date Value Ref Range Status
09/24/2021 137 135 - 146 mmol/L Final

Potassium

Date Value Ref Range Status
09/24/2021 3.9 3.5 - 5.1 mmol/L Final

Glucose

Date Value Ref Range Status
09/24/2021 94 70 - 99 mg/dL Final

Creatinine

Date Value Ref Range Status
09/24/2021 1.00 0.66 - 1.25 mg/dL Final

CO2

Date Value Ref Range Status
09/24/2021 31 22 - 32 mmol/L Final

Chloride

Date Value Ref Range Status
09/24/2021 98 98 - 107 mmol/L Final

Calcium

Date Value Ref Range Status
09/24/2021 9.9 8.4 - 10.2 mg/dL Final

BUN

Date Value Ref Range Status
09/24/2021 16 6 - 20 mg/dL Final

Total Bilirubin
Date Value Ref Range Status
09/24/2021 0.4 0.2 - 1.3 mg/dL Final
AST
Date Value Ref Range Status
09/24/2021 28 15 - 59 U/L Final
ALT (SGPT)
Date Value Ref Range Status
09/24/2021 20 <=50 U/L Final
Alkaline Phosphatase
Date Value Ref Range Status
09/24/2021 62 38 - 126 U/L Final
Albumin
Date Value Ref Range Status
09/24/2021 4.8 3.5 - 5.0 g/dL Final
A/G Ratio
Date Value Ref Range Status
09/24/2021 1.7 1.0 - 2.0 (CALC) Final
No results found for: CHOL
No results found for: HDL
No results found for: LDLCALC
No results found for: TRIG
No results found for: CHOLHDL
No results found for: TSH
My personal interpretation of the lab values: The CBC was normal indicating no active infection based on normal WBC count and no anemia contributing symptoms based on normal hemoglobin. The platelet count was normal indicating no significant risk for bleeding.
The BMP was normal indicating no significant electrolyte abnormality or renal dysfunction contributing to the patient's symptoms.
Troponin was negative indicating no myocardial necrosis/infarction contributing to the symptoms reported.
I have reviewed notes from the patient's recent visit with ER.
"I connected with [redacted] on 10/19/2021 at [redacted] or Telephone Visit: telephone call and verified that I am speaking with the correct person using two patient identifiers.
I discussed the limitations of the evaluation and management by telemedicine and the current circumstances of the pandemic.
The patient expressed understanding and agreed to proceed.
I discussed the assessment and treatment plan with the patient. The patient was provided an opportunity to ask questions and all were answered. The patient agreed with the plan and demonstrated an understanding of the instructions.
I provided 22 minutes during this telehealth encounter.
Thank you for allowing me to participate in the care of [redacted]. Please call

with any questions or concerns.

eGFR

Date Value Ref Range Status

09/24/2021 89 >60 mL/min/1.73m2 Final

Comment:

The units for estimated GFR are mL/min/1.73 m2. Multiply by 1.21 to estimate GFR for African Americans. The estimated GFR equation has only been validated for ages 18-70 and assumes steady state renal function and no dialysis.

Lab Results

Component Value Date

TROPONINI <0.012 09/24/2021

Sincerely,

[redacted]

Cardiovascular Disease and Lifestyle Medicine Specialist

[redacted]

Heart Institute

[redacted]

Subj: STATEMENT OF VACCINE INJURY

From: [redacted] (Capt)
Sent: Friday, November 5, 2021 3:22 PM
To: [redacted]
Subject: Fw: For action - Medical Exemption Request from Marine

Good Afternoon Ma'am,

I unfortunately received the email below two hours ago. I called CDR [redacted] for his explanation of the rejection. We spoke for 20 minutes, and I made notes of some of the conversation. I wanted to send you the notes for documentation purposes and to update you.

Notes from call with CDR [redacted] at 1345 on 5 November 2021:

- He said he did not contact my doctor but consulted other experts on my paperwork.
- He said there is no evidence of my pericarditis diagnosis based on the tests my doctor and the ER conducted.
    - Note: This is contrary to the written diagnosis from my cardiologist.
    - Note: My cardiologist was referred to me by the [redacted] Health Clinic.
    - Note: The [redacted] was also who recommended that I go to the ER.
- He stated evidence of pericarditis would occur within a day of receiving the vaccine, but because I did not experience any symptoms for 4 days, this is evidence that it could not be pericarditis. I told him that is not what happened. The chest pain and shortness of breath began within 24 hours after receiving the shot. After the pain continued for four days, I called the [redacted] Health Clinic and they recommended I go to the ER. This is documented in my ER paperwork and the cardiologist's letter requesting exemption which was sent to him prior to his adjudication.
- He asked me why I waited so long to get my first dose of the vaccine. I asked why that was relevant. He said that he believes many exemptions that he is assigned to adjudicate are an illegitimate means by some personnel to avoid the vaccine.
- I asked CDR [redacted] why he thought it was prudent to overrule my heart doctor without ever seeing me as a patient. He emphasized that I was a Captain (lower rank than him), and he was only speaking to me as a courtesy and that he is not required to. He told me that it wasn't personal, but his responsibility from the chain of command (SecNav, SecDef) is that everyone should be vaccinated unless the rarest of circumstances like an allergic reaction or an adverse event such as myocarditis or pericarditis.
- I asked if it was his medical opinion that I am at greater risk of COVID-19, despite my adverse reaction, cardiologist doctor's diagnosis of pericarditis / pleurisy , previous infection, one dose of the vaccine, my age, and fitness level than I was from having another adverse reaction. He said he does not think I had an adverse reaction and maybe I experienced side effects like "feeling crummy".

I apologize for sending you this before the weekend because I know there isn't much that can be done before Monday. However, I wanted to give you a heads up of where things stand now. Thank you.

Very Respectfully,

[redacted]
Captain | USMC | Infantry
[redacted]

Re: Update: Request USMC second opinion Medical Exemption Disapproval

[redacted] (Capt) [redacted]
Thu 12/9/2021 12:26 PM
To: [redacted]
Good Afternoon Ma'am,

I was wondering if you have heard anything from Quantico. I see in the threaded messages above saying they were going to send you a response on 16 November. They then said that it was being finalized and you would receive a formalized response ASAP. They anticipate either 'concur with the original denial' or reject based on procedure.

Candidly, I am not sure how to plan going forward. This whole process has been nothing short of shocking. If what they are anticipating is true, a single naval medical officer who is not a heart specialist, at a different base, that has never seen me as a patient, unequivocally misinterpreted my symptoms, and never contacted my military appointed cardiologist will force me out of the Marine Corps. Since I am at 5.5 years of service, I don't rate a BOI by 0.5 years. I will owe the Marine Corps thousands of dollars to pay back school. I will lose the GI bill. I will be unemployed with heart problems, and my family will have no health insurance.

As I mentioned to you after the [redacted] run on 10 November, I am still experiencing symptoms of chest pain and shortness of breath when and for several days after exercising. I have only exercised 4 times since 20 September, and this has been true each time. I contacted my cardiologist for advice whether I should continue to exercise or not, and he scheduled me for a stress echocardiogram test for the first week in January.

I am appreciative of all your efforts and counsel. I write this email hoping for an update or an opportunity to talk to someone who is going to decide my fate.

Very Respectfully,

[redacted]
Captain | USMC | Infantry
[redacted]

USAF Staff Sergeant, 29y/o Male

- Sponsored athlete who received two doses of Moderna
- Experienced extreme distress and apprehension 5 minutes after receiving the second dose
- Chronic fatigue, faintness when sitting, difficulty driving, brain fog, and memory loss
- Diagnosed with “Long Hauler’s Syndrome” which is an emerging disease related to complications from the Vaccine
- Over a year later, still unable to exercise, think clearly or perform his job properly

[redacted] 13 February 2022

COVID-19 Vaccine Injury

FIRST SHOT: On 26 December 2020 I traveled to the [redacted] Armory, outside of [redacted] CA, where I received my first COVID-19 vaccine shot (Moderna, Lot# 011J20A). After receiving the initial dose, I had no immediate adverse effects. After a few weeks though, I did notice that I was constantly fatigued, and I no longer had the strength or stamina that I had before receiving the shot. To give some perspective, I was an avid gym goer and was even a sponsored athlete by [redacted] Nutrition. I know what was normal for me to feel in the gym or doing anything that requires me to exert myself. I knew right away that I felt off. During this time, I thought that maybe it was just my body getting used to the vaccine and that whatever was happening was just part of the acclamation process. I later find out that this is not the case.

SECOND SHOT: On 26 January 2021 I received my second COVID-19 vaccine shot (Moderna, Lot#030L20A) at the [redacted] MDG clinic in [redacted] CA. This is where my story drastically changes, for the worst. Upon approximately 5 minutes after receiving my shot, while in the observation area, I had an immediate reaction. The first symptom was an overwhelming sensation of apprehension. I felt as if I was in a state of paralysis. I couldn't talk, I couldn't move, and all I could do was just look around the room with my eyes. The second symptom that came soon after was a strong sensation of lightheadedness and faintness. I felt myself going pale, starting to sweat, and I could see the walls closing in from both sides of the room. I felt myself laying my head back and awaiting, for what I thought was, the inevitable to happen and that was for me to pass out. Approximately 3-4 minutes go by with these overpowering symptoms but I never actually faint. As I remain sitting down, the walls push back out, the feeling of apprehension releases its grips on me as I regain clarity and consciousness. I leave the clinic not really knowing what to do as I have never experienced anything like that before. I understood that this was extremely new and probably leaps and bounds from being researched enough to be FDA approved so I didn't say anything. I like to call this my "First Episode".

My reaction to the second shot was alarming. I have been all over the world, to include South Korea, Japan, Germany, Poland, Belgium, the United Kingdom, and last, but not least, Afghanistan. I have had a plethora of shots and have had to take all types of medications for me to travel to all these countries. In all my experience with receiving shots, vaccines, or taking medications, I have never had an immediate or long-lasting reaction like I did with the second COVID vaccine

shot. Having this understanding about myself I was worried about what was just injected into my body and what it was doing to me from the inside.

SYMPTOMS: As weeks go by, I start to notice weird things happening to me that trace back to the sensations and experience I had with my first episode. Along with the Chronic Fatigue and the lack of stamina and strength that stemmed from the first shot, I started to notice a lot of physiological symptoms. One of the most notable things that would happen to me was that every time I would sit down for more than about 10-15 minutes, I would get that extreme faintness feeling like I did with my first episode. These episodes would occur while doing the most menial tasks to include driving, getting my hair cut, sitting in on briefs and just merely sitting at my desk trying to do my work. The sensation would be so great that I would have to make excuses to get out of the hair cutting chair or I would have to walk out on briefs to "use the bathroom." The scariest times though would occur when I was driving and even happened a few times while I was conducting airfield checks, doing my job. I would have to pull over, get out and gather myself in order just to make it back to base. These episodes would occur for about 3-4 months.

The other symptoms that were extreme in their condition were my memory loss issues and brain fog. First, Ill expound on my experience with brain fog. Just to give some context on how bad my brain fog was, it was affecting/impairing my physical vision. I wouldn't be able to see clearly, and I would literally try to rub my eyes or attempt to refocus my eyes by looking at different things at different distances. It felt like a shade had been pulled over my eyes and I was looking through a constant haze. My brain fog would force me to constantly lose focus on simple/mindless tasks. It forced me to really think long and hard about things that used to just be second nature. I would also have to think about the words I would say before I would say them because it was difficult for me to communicate my thoughts to people. My wife still advocates to this day that she noticed that I would lose focus and it was difficult for me to speak in fluid sentences.

The brain fog may have been causing my memory issues but to this day I am not sure if it was the culprit. My memory would be extremely spotty. It was as if I was a hard drive in a computer and I would download the data to retain the information and then every other day, someone would delete that downloaded information. Again, it may have been the extreme brain fog that caused the lack of retention of information, or it could have been something else. All these symptoms

eventually were happening at the same time, compounding on top of each other, and would eventually lead me into a state of depression for about a month.

COMPLAINT/SEEKING MEDICAL HELP: Shortly after the second does was administered to me I filed a complaint with the [redacted] MDG. They were tracking personnel getting vaccinated and I wanted to make it known that I was experiencing some extreme adverse reactions that I have never felt before with any other type of shot or medication. After my complaint with the medical folks on base, I proceeded to seek treatment with my primary care doctor. I explained to him about all of the severe symptoms that I was experiencing and considering how new the vaccine was, he wanted me to get seen by both a neurologist and cardiologist for a workup in part with his own workup.

NEUROLOGIST: Throughout my visit with the neurologist, I underwent an MRI of the brain and 2 EEGs. An EEG stands for electroencephalogram and is a test that records the electrical signals of the brain by using small metal discs (called electrodes) that are attached to the scalp. The first EEG was an hour long in the clinic and the second EEG was conducted over a 5-day period. Keep in mind that I had to live my life as normal as I could with all these disks and electrode wires glued to my head with a recording device slung over my body. It was not fun. After all the testing was completed, thankfully, there was nothing notable about the findings. Although this was great news, it still wasn't answering the question of what was causing all my symptoms.

CARDIOLOGIST: Like my time with the neurologist, my cardiologist had me get an MRI and other scans completed of my heart, to include having an echocardiogram (Echo) done. An echocardiogram uses electrodes to check for heart rhythm and ultrasound technology to see how the blood moves through the heart. Upon my initial echo, I was told that I had a significant hole in my heart, also known as a patent foramen ovale (PFO). The PFO, likely to be congenital although never proven, was explained to me that it shouldn't be causing all the symptoms that I was experiencing. As time went on and further imaging was completed, I moved forward with having the PFO closed via an intravenous procedure (Non-invasive). The procedure took place on 10 July 2021. After this procedure was completed, I really didn't feel any different and in fact, I felt worse. After about a week after the procedure was completed, I admitted myself to the ER for complaints for extreme shortness of breath. Long story short, I was allergic to

the blood thinner that I was prescribed to take for 6 months post operation. This was also an interesting thing to note. This was the first medication that I have ever been allergic to. Was this another side affect from the vaccine? I am still not sure to this day. I was switched over to a different blood thinner, of which I had to stay on until 10 Jan 2022, to prevent blood clots from forming while the healing process was taking place in my heart. During this 6-month time frame I was still not feeling "normal". Even with the allergic reaction gone from the first blood thinner, I was still feeling off kilter and had all my initial symptoms but not as severe.

CURRENT STATUS: Considering my allergic reaction to the original blood thinner, I wanted to wait the full term of the postop (6 months) before I keep pursuing help with my symptoms. I wanted to make sure that I was not having any subtle allergic reactions from the second blood thinner. I recently got in touch with the VA and further complained to them about my symptoms. They were able to schedule me with an over the phone appointment with an infectious disease doctor that took place on 4 February 2022. After I explained to the doctor my symptoms and the duration of which I have had them, they explained to me that I have "Long Haulers Syndrome". She relayed to me that it is extremely rare for someone to still be feeling these symptoms well over a year after their shots. She also explained to me that unfortunately this can't be reversed, only the symptoms can be somewhat treated. She suggested for me to see a psychiatrist regarding the Chronic fatigue as well as the brain fog. She also said that there is a plan to develop "COVID Clinics" for people like me to help treat/manage the lasting affects from the vaccine. At this point and time though, this is only a concept and has not been put into motion yet. As it stands, I still have most of the symptoms that I started with just over a year ago. I don't have the faintness when I'm sitting down anymore but I do have moments where I get a strong sensation of it. I still suffer from chronic fatigue and a lack of strength and stamina. I still have brain fog but its not as severe as it used to be. I still catch myself losing focus and I sometimes still have a hard time being locked into a thought or even a conversation. I can no longer go to the gym, nor do I have the drive for it anymore. I can't do anything of which would require me to exert myself because of the faintness feeling that I get. I can barely walk up an incline without feeling weak and tired and I become out of breath quickly. As I have said before, I used to be a sponsored athlete, training in the gym routinely and I have never failed any PT test whether it was in the Army or the Air Force. In my current state, I feel as if I have suffered a loss, a loss of myself. My old self has

died, and I cannot get him back. I have complained to so many people, of which have told me that, “it was in my head” or “the shot is designed a certain way and it shouldn’t be causing me to have these symptoms.” I am tired of being scoffed and I am tired of people telling me what I should be feeling based on “the science”. What would be the ulterior motive with making something like this up? I was selected to become a fighter pilot, and I elected to pull myself from continuing forward due to the severe nature of these symptoms. I knew that I would not be able to handle the physical rigors that pilots face because I can’t event walk up an incline without being fatigued. This was my dream. That dream was taken from me. In addition, I am going to be a father in May. I am now scared that I won’t be able to do the physical and playful things that I should be able to do at 29 years of age with my daughter. I still feel as if I am bound by chains with these lingering symptoms. I am still fighting for ways, though, to help my symptoms. As I continue to share my story, there other stories that are being shared back to me, and these stories are just like mine. What I am going through is real. What others are going through is real.

USMC Aviation Safety Officer, Captain

- Discovered a disturbing trend in increased medical events following the release of the COVID-19 vaccine
- Clinic at this member's base admits noticing large influx of heart related issues
- These heart related issues following vaccination have not been tracked or reported in VAERS in any way

23 December 2021

My Name is Captain [redacted], and I make this report under The Military Whistleblower Protection Act, Title 10 U.S.C. § 1034, and DoD Directive 7050.6 protections.

I am an active duty Marine currently assigned to Marine Aircraft Group [redacted] (MAG-[redacted]) as the Aviation Safety Officer. As part of my duties, I review and endorse the Ground and Aviation Flash Reports (GRF, AFR) and the Safety Investigation Reports (SIR) of the MAG-[redacted] subordinate commands for routing to higher. I have been an ASO, with two previous commands, since 2017.

Over the course of the past six months, I began to notice an increase in report submissions outside of the occupational/accidental nature that I was familiar with for the past four years. Because I was seeing a new trend develop with an increase in Medical type reporting I asked personnel at the MCAS [redacted] Clinic to keep me informed of what they were seeing that was outside of my reporting chain. Clinic personnel reported to me a significant increase in heart related issues, Shortness of Breath, Bell's pasly and other conditions well outside what they would expect to see.

This lead me to begin tracking these conditions based on the only new variable, vaccination. Since I began, I have recorded 1 Gullain-Barr Syndrome, 2 Bell's palsy, 9 heart conditions, 3 Rhabdomyolysis cases among others.

These cases are exclusively within the confirmed vaccinated population aboard MCAS [redacted] and only a small percentage of the possible adverse vaccine reactions that I have heard of but could not positively confirm. Only a full review of the medical records at MCAS [redacted] would identify how many Marines have been injured through the vaccine administration. These are not being reported to VAERS. Or being tracked or monitored, in any capacity per my source within the Clinic, by Navy Medical as vaccine adverse reactions or injuries. The medical staff here will jump through hoops to find any possible explanation to avoid associating the vaccine to any of these reports or conditions.

[redacted]

RELEASE DATE: 21 OCT 2021 1740(Z)

CLASSIFICATION: Unclassified

FROM: MARINE AIRCRAFT GROUP-31 (MAG-31 2D MAW)

SUBJECT: Final: On-Duty, 04 OCT 2021, Ground, Sports, Recreation, and Individual Fitness, Event Report # 786410

1. GENERAL INFORMATION

AFSAS Report Number: 786410

Unit Control Number: 165

One Liner: Morning PT; Started feeling chest pains; Chest Pains; Rushed to the hospital

Convening Authority: MARINE AIRCRAFT GROUP-31

Echelon I: United States Marine Corps Forces Command

Echelon II: II MARINE EXPEDITIONARY FORCE

Echelon III: 2D MARINE AIRCRAFT WING

Echelon IV: MARINE WING SUPPORT GROUP-27

Echelon V: MARINE WING SUPPORT DETACHMENT-31

Event Duty Status: On-Duty

Event Type:
Tier 1: Sports & Recreation
Event Method of Initiation: Medical Log/Record

2. EVENT DATE/TIME

Event Date, Local: 04 OCT 2021

Event Time, Local: 0715

3. EVENT LOCATION

Location Description: --

Event Country: United States (USA)

US State: South Carolina

On Base: Yes

Nearest Base: MCAS Beaufort SC (Multi-Sites)

Latitude: 32 25.894 N

Longitude: 080 40.189 W

4. NARRATIVE

4.1. SEQUENCE OF EVENT

SNM woke up at 4 a.m. with pains in his chest. He thought it was just stomach pains regular stomach pains from dinner that night. He went to PT becasue he thought the pain would pass. They did a circuit course at PT which consisted of pushups, ball slams, rope lunges, and weighted squats. The PT session lasted for 30 minutes and when PT was over SNM stated he thinks he needs to go to medical because he was having chest pains. He went to the medical facility on MCAS Beaufort. From there he was referrred to Beaufort Memorial Hospital. SNM stayed at the hospital over night for observation and then was discharged the next day at 11:00.

4.2. INVESTIGATION CONCLUSIONS

After SNM was discharged from Beaufort Memorial Hospital he was diagnosed with having an adverse reaction to the COVID Vaccine shot he recieved on Friday.

4.3. BACKGROUND INFORMATION

4.3.1. Person Background Information

None, None

SNM was at morning PT and he began to have chest pains. He informed his NCO and then he went to medical. From there he was instructed to go to Beaufort Memorial Hospital.

72-Hour / 7-Day History is unremarkable

4.3.2. General Background Information

--

4.4. FACTORS

--

5. PRIMARY FINDINGS

FINDING 1: (CAUSAL)

SNM wsa diagnosed at the hospital for having an adverse reaction to the COVID dhot he had gotten on friday.

6. PRIMARY RECOMMENDATIONS

RECOMMENDATION 1 (317740):

Related Findings: 1
Hazard/Deficiency:
Recommendation 1: No recommendations can be made
AF Form 847: --
AFTO Form 22: --
Work Order Number: --
Control Number: --
Project Number: --
Function: --

Condition: --
Unit Control Number: --
OPR: null/
OCRs: --
RAC: --

7. OTHER FINDINGS OF SIGNIFICANCE

8. OTHER RECOMMENDATION OF SIGNIFICANCE

ORS 1 (317738):

Related Findings: --
Hazard/Deficiency:
1: No recommendation can be made.
AF Form 847: --
AFTO Form 22: --
Work Order Number: --
Control Number: --
Project Number: --
Function: --
Condition: --
Unit Control Number: --
OPR: null/
OCRs: --
RAC: 5

9. GLOSSARY OF ACRONYMS

--

10. REFERENCED AFSAS REPORTS

--

11. EVENT COST

Total Event Cost (Excluding Injury Cost): --

DoDI Injury Cost: $0.00

Total Event Cost with Injuries: $0.00

12. PERSONNEL INFORMATION

PERSON NUMBER: 1

Gender: Male
Age: 22
Grade: E3
Employment Status:
Tier 1: US Marines
Tier 2: Regular

Duty Status:
Tier 1: On
Tier 2: No Further Status
AFSC/Job Series: --
Assigned Organization: MARINE WING SUPPORT SQUADRON 273
Activity:
Tier 1: Sports/Recreation/Fitness Activities
Tier 2: Other Sports/Recreation/Fitness Activities
Injury Severity: First Aid Case
Injuries:
Injury: 1
Injured Body Part:
Tier 1: Internal Organs
Tier 2:Heart
Injury Type: --
Injury Mechanism:
Tier 1: Overexertion
Tier 2: Repetitive Movements
Person Associated with Object(s):
--

13. PERSON LEVEL HUMAN FACTORS

--

14. EVENT LEVEL DOD HUMAN FACTORS

--

15. OBJECTS INFORMATION

There are no Objects entered for this event.

16. SAFETY INVESTIGATION BOARD PERSONNEL

POSITION: SINGLE INVESTIGATING OFFICER

GROUND FLASH REPORT

Revised 15 Dec 20

NOTE: This report does not replace the COMNAVSAFECEN reporting requirements (MCO P5102.1B) or the Casualty reporting requirements (MCO 3040.4E) and/or Operational Incident reporting requirements (MCO 3504.2). The Privacy Act of 1974 (Public Law 93-579) applies to this form. MCO P5102.1B provides mishap definitions. Complete as many data blocks as applicable to the mishap/incident. (Utilize the Mishap Summary Section to provide any additional/amplifying information for data blocks if required.)

CUI
Controled Unclassified Information

REPORT TYPE		Initial					
Command:	2d MAW	**Regt/Group:**	MAG-14	**Bn/Sqdn:**	VMA-542	**Co/Section:**	AVIONICS
INCIDENT DATE (dd-mmm-yy):		11-Oct-21	**TIME**	1600	**LOCATION (City,State):**		MOREHEAD, NC

PERSONNEL INVOLVED

NAME: (LAST, F. M.)				**BRANCH OF SERVICE:**	USMC		
GENDER:	Male	**AGE**	34	**RANK**	GySgt		
MARITAL STATUS:	Married			**MOS/NEC:**	6332	**BILLET:**	6332
NUMBER OF DEPLOYMENTS:	2			**FORCE PRESERVATION RISK CATEGORY:**			Low
TIME SINCE RETURN:	> 12 months			**ASSIGNED TO USMC MENTORING PROGRAM:**			

MISHAP TYPE:	CLASS C	**LEAVE/LIBERTY/TAD STATUS:**		**INJURY TYPE (Choose all that apply)**	
DUTY STATUS:	OFF	**DISTANCE FROM BASE:**	<25 Miles	**Injury Type 1:**	Other
INCIDENT/MISHAP CATEGORY:	Recreational Off Duty			**Injury Type 2:**	
PROPERTY DAMAGE (Type and Estimated Cost if known)				**Injury Type 3:**	
DoD Property Damage	No	**Estimated cost: $**		**Other:**	CHEST PAINS CURRENTLY AT E.R.
Non-DoD Property Damage	No	**Estimated cost: $**		**PPED Usage:**	

CASUALTY STATUS/INJURY RELATED LOSSES:				**WBGT Index:**		**BAC:**	
MEDICAL TREATMENT REQUIRED:	Yes	**LOCATION:**	MOREHEAD	**PERSONAL PROTECTIVE EQUIPMENT USED:** (Choose all used)			
MEDICAL TREATMENT TYPE 1:	Unknown	**# DAYS:**		**PPE 1:**		**PPE 4:**	
MEDICAL TREATMENT TYPE 2:		**# DAYS:**		**PPE 2:**		**PPE 5:**	
MEDICAL TREATMENT TYPE 3:		**# DAYS:**		**PPE 3:**		**PPE 6:**	

MOTOR VEHICLE INFORMATION

MOTOR VEHICLE ONLY (VEHICLE TYPE)		**MOTOR VEHICLE LICENSURE/INSURANCE INFO:**			
BASE REGISTRATION:		**INSURANCE:**		**STATE:**	
SAFETY COURSE ATTENDED 1:				**DATE:**	
SAFETY COURSE ATTENDED 2:				**DATE:**	
SAFETY COURSE ATTENDED 3:				**DATE:**	
SAFETY COURSE ATTENDED 4:				**DATE:**	
SAFETY COURSE ATTENDED 5:				**DATE:**	
UNIT MOTORCYCLE MENTORSHIP MEMBER:		**DATE JOINED:**			

PMV-2/ATV INFO:	**YEAR:**		**MAKE:**		**MODEL:**	**ENGINE SIZE:**	

HUMAN FACTORS ANALYSIS AND CLASSIFICATION SYSTEM

HFACS CLASSIFICATION	HFACS 1	HFACS 2	HFACS 3	HFACS 4	HFACS 5	HFACS 6	COMMENTS
ACTS (AE100- AE206)							
PRECONDITONS (PE100-PE200)							
PHYSICAL PROBLEM (PC100-PC511)							
PERSONNEL FACTORS (PP100-PP109)							
SUPERVISORY VIOLATIONS (SV000-SV00V)							
PLANNED INAPPROPRIATE OPERATIONS (SP000-SP007)							
INADEQUATE SUPERVISION (SI000-SI008)							
RESOURCE PROBLEMS (OR000-OR009)							
PERSONNEL SELECTION & STAFFING (OS000-OS002)							
POLICY & PROCESS ISSUES (OP000-OP007)							
CLIMATE OR CULTURAL INFLUNENCES (OC000-OC005)							

MISHAP SUMMARY: (Provide an accurate explanation/description of the Mishap / Incident)

WHO: GYSGT SHAW, DALTON

WHAT: WENT TO MOREHEAD ER FOR CHEST PAINS.

WHEN: OCT 11, 2021 @1600

WHY: SNM EXPERIENCED REOCCURRING CHEST PAINS THIS WEEKEND AT HOME. SNM WAS SEEN 2 WEEKS AGO FOR THE SAME CONDITION. AS OF THE MORNING OF THE 12TH, SNM HAS BEEN RELEASED FROM THE HOSPITAL AFTER BEING DIAGNOSED WITH PNEUMONIA.

COMMAND POC:		**DATE:**	11-Oct-21	**PHONE#:**	252-721-1998
RMI-SIR EVENT NUMBER:		**LOCAL SERIAL NUMBER:**			

GROUND FLASH REPORT

Revised 15 Dec 20

NOTE: This report does not replace the COMNAVSAFECEN reporting requirements (MCO P5102.1B) or the Casualty reporting requirements (MCO 3040.4E) and/or Operational Incident reporting requirements (MCO 3504.2). The Privacy Act of 1974 (Public Law 93-579) applies to this form. MCO P5102.1B provides mishap definitions. Complete as many data blocks as applicable to the mishap/incident. (Utilize the Mishap Summary Section to provide any additional/amplifying information for data blocks if required.)

CUI
Controled Unclassified Information

REPORT TYPE		Initial					
Command:	**2d MAW**	**Regt/Group:**	MAG 14	**Bn/Sqdn:**	MWSS 271	**Co/Section:**	AOPS/FUELS
INCIDENT DATE (dd-mmm-yy):	19-Nov-21	**TIME**	1000	**LOCATION (City,State):**	Bogue, NC/Camp Lejeune Naval Center/ Carolina East Hospital New Bern/ Portsmouth Medical Center, VA		

PERSONNEL INVOLVED

NAME: (LAST, F. M.)				**BRANCH OF SERVICE:**		USMC	
GENDER:	Male	**AGE**	23	**RANK**	**Sgt**		
MARITAL STATUS:	Married			**MOS/NEC:**	1391	**BILLET:**	**BULK FUEL SPECIALIST**
NUMBER OF DEPLOYMENTS:	0			**FORCE PRESERVATION RISK CATEGORY:**			Low
TIME SINCE RETURN:	No deployments			**ASSIGNED TO USMC MENTORING PROGRAM:**			Unknown
MISHAP TYPE:	Other Reportable/Ne	**LEAVE/LIBERTY/TAD STATUS:**				**INJURY TYPE (Choose all that apply)**	
DUTY STATUS:	ON	**DISTANCE FROM BASE:**			>100 Miles	**Injury Type 1:**	Other
INCIDENT/MISHAP CATEGORY:	Other					**Injury Type 2:**	
PROPERTY DAMAGE (Type and Estimated Cost if known)						**Injury Type 3:**	
DoD Property Damage	No	**Estimated cost:**				**Other:**	Gullain-Barr Syndrome
Non-DoD Property Damage	No	**Estimated cost:**				**PPED Usage:**	
CASUALTY STATUS/INJURY RELATED LOSSES:					**WBGT Index:**		**BAC:** N/A
MEDICAL TREATMENT REQUIRED:	Yes	**LOCATION:**	Carolina East NC/ Portsmouth, Va	**PERSONAL PROTECTIVE EQUIPMENT USED: (Choose all used)**			
MEDICAL TREATMENT TYPE 1:	Hospitalized	**# DAYS:**	5	**PPE 1:**		**PPE 4:**	
MEDICAL TREATMENT TYPE 2:		**# DAYS:**		**PPE 2:**		**PPE 5:**	
MEDICAL TREATMENT TYPE 3:		**# DAYS:**		**PPE 3:**		**PPE 6:**	

MOTOR VEHICLE INFORMATION

MOTOR VEHICLE ONLY (VEHICLE TYPE)		**MOTOR VEHICLE LICENSURE/INSURANCE INFO:**			Not Applicable
BASE REGISTRATION:	Not Applicable	**INSURANCE:**	Not Applicable	**STATE:**	
SAFETY COURSE ATTENDED 1:				**DATE:**	
SAFETY COURSE ATTENDED 2:				**DATE:**	
SAFETY COURSE ATTENDED 3:				**DATE:**	
SAFETY COURSE ATTENDED 4:				**DATE:**	
SAFETY COURSE ATTENDED 5:				**DATE:**	
UNIT MOTORCYCLE MENTORSHIP MEMBER:	No	**DATE JOINED:**			
PMV-2/ATV INFO: **YEAR:**		**MAKE:**		**MODEL:**	**ENGINE SIZE:**

HUMAN FACTORS ANALYSIS AND CLASSIFICATION SYSTEM

HFACS CLASSIFICATION	HFACS 1	HFACS 2	HFACS 3	HFACS 4	HFACS 5	HFACS 6	COMMENTS
ACTS (AE100- AE206)							
PRECONDITONS (PE100-PE200)							
PHYSICAL PROBLEM (PC100-PC511)							
PERSONNEL FACTORS (PP100-PP109)							
SUPERVISORY VIOLATIONS (SV000-SV00V)							
PLANNED INAPPROPRIATE OPERATIONS (SP000-SP007)							
INADEQUATE SUPERVISION (SI000-SI008)							
RESOURCE PROBLEMS (OR000-OR009)							
PERSONNEL SELECTION & STAFFING (OS000-OS002)							
POLICY & PROCESS ISSUES (OP000-OP007)							
CLIMATE OR CULTURAL INFLUNENCES (OC000-OC005)							

MISHAP SUMMARY: (Provide an accurate explanation/description of the Mishap / Incident)

SNM went to the Camp Lejeune Naval Hospital yesterday at 1000 after showing residual signs of Gullain-Barr Syndrome. CLNH referred SNM to Eastern Carolina Medical Center in New Bern, NC. After further assessment and without a resident neurologist, Eastern Carolina referred SNM and transported by ambulance to medical facility in Portsmouth, VA where he can be seen and treated by a neurologist. Based on their assessment and through a competent medical authority's recommendation, they're predicting a 5 day outpatient treatment at the medical facility in Portsmouth, VA. Carolina East arranged transportation for SNM. SNM is expected to remain in Virginia until 11/25. SNM is pending location for Neurologist treatment for plasma transfusion.

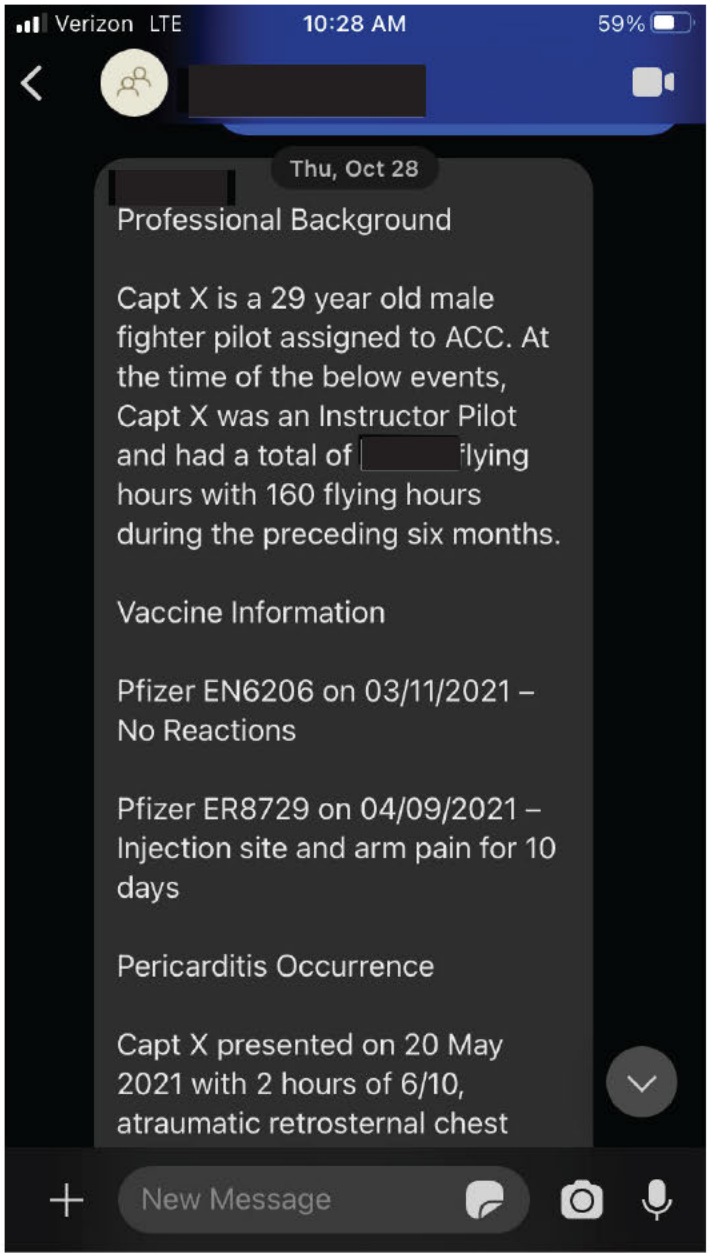
COMMAND POC:			**DATE:**	20211120	**PHONE#:**	252-466-0667	
RMI-SIR EVENT NUMBER:			**LOCAL SERIAL NUMBER:**			MWSS27120211119IOI	

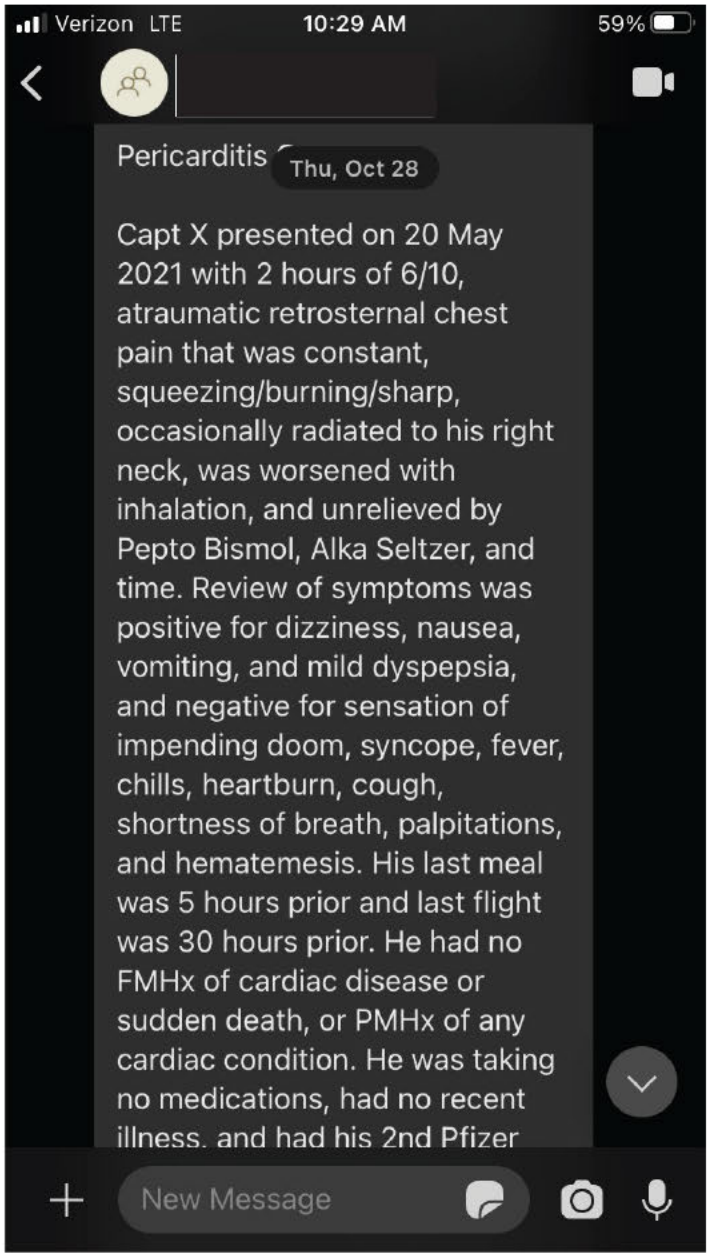
Event Date	Vaccine Date		SMN	EVENT	Symptoms	Diagnosis
8-Dec-21	8-Nov-21	Reported via MCAS Cherry Point Clinic Staff	M/22	Clinic visit due to Chest Pain and SOB	Chest Pain and SOB	Too much pre-workout
5-Dec-21	1-Oct-21	GFR VMGR-252 20211206 OTH	M/22/LCPL/	AT APPROXIMATELY 2312 SAID NAME MARINE APPROACHED THE ADNCO AND THE DNCO COMPLAINING ABOUT SEVERE HEART PALPITATIONS AND REQUESTED ASSISTANCE GETTING TO THE HOSPITAL THE ADNCO WAS DISPATCHED TO DRIVE SNM TO CARTERET HEALTH CARE IN MOREHEAD CITY AT TIME OF DEPARTURE SNM WAS UNAWARE OF HAVING DONE ANYTHING IN PARTICULAR THAT WOULD HAVE CAUSED THIS ISSUE SNM WAS DIAGNOSED WITH THE FLU AND ASSIGNED 3 DAYS SICK IN QUARTERS	SEVERE HEART PALPITATIONS	Flu
1-Dec-21	July & August	GFR VMGR-252 20211122 OTH 22-08	M/34/Sgt	SNM WAS ADMITTED TO MOREHEAD CITY EMERGENCY ROOM 202111122 AT 0200 AFTER HAVING DIFFICULTY BREATHING DIAGNOSIS OF PNEUMONIA CURRENTLY REMAINS HOSPITALIZED IN STABLE CONDITION UNDER OBSERVATION	SOB	Congestive Heart Failure
30-Nov-21	15-Jul-21	GFR VMGR-252 20211126 TRN 22-09	F/CPL/6276	SNM was transported to Carteret Health Care by her father She started feeling slight back pain on Tuesday 23, November after running the CFT Her back pain progressively got worse every day after Today, Friday 26 November the pain had gotten severe enough where she could not move and had also felt pain in her kidneys She is currently undergoing tests at the hospital for more information	Back Pain	UNKNOWN
22-Nov-21	8-Oct-21	Reported via MCAS Cherry Point Clinic	M/21/LCPL	Clinic visit due to Chest Pain	Chest Pain	UNKNOWN
19-Nov-21	16 Mar & 19 Apr	GFR 20211119 MWSS-271-IOI	M/23/SGT	SNM went to the Camp Lejeune Naval Hospital yesterday at 1000 after showing residual signs of Guillain-Barr Syndrome CLNH referred SNM to Eastern Carolina Medical Center in New Bern, NC After further assessment and without a resident neurologist, Eastern Carolina referred SNM and transported by ambulance to medical facility in Portsmouth, VA where he can be seen and treated by a neurologist Based on their assessment and through a competent medical authority's recommendation, they're predicting a 5 day outpatient treatment at the medical facility in Portsmouth, VA Carolina East arranged transportation for SNM SNM is expected to remain in Virginia until 11/25 SNM is pending location for Neurologist treatment for plasma transfusion		Guillain-Barr Syndrome
19-Nov-21	11 May & Sept	Reported via MCAS Cherry Point Clinic Staff	M/24/CPL	12 May clinic visit for chest pain, 14 May clinic visit for chest pain, 19 Nov clinic visit for chest pain and SOB	Chest Pain and SOB	UNKNOWN
17-Nov-21	confirmed prior to event but date	Reported via MCAS Cherry Point Clinic	M/24/Sgt	Several months of pleuritic chest discomfort post covid vaccination	Chest pain	UNKNOWN
16-Nov-21	Feb &March	Reported via MCAS Cherry Point Clinic Staff	M/26/SGT	F/U visit 11/16 for claims of L side chest pain for months Clinic visit 8/25 for syncope and collapse	Chest Pain	UNKNOWN
15-Nov-21	12-Oct	Reported via MCAS Cherry Point Clinic Staff	M/21/CPL	Clinic visit due to Chest Pain	Chest Pain	UNKNOWN
15-Nov-21	Nov-21	Reported via MCAS Cherry Point Clinic Staff	F/24/Sgt	Bell's Palsy, flight surgeon refuses to consider vaccine adverse reaction Calling it due to an epidural	facial paralysis, bilateral arm paralysis, blurry vision	Bell's Palsy
9-Nov-21	28-Oct	GFR VMGR-252 20211109 TRN 22-06	M/36/MAJ/Pilot AAMO	SNM was having generic pain and cramps (due to suspected severe dehydration) through the weekend after the completion of the CFT on 4 NOV 21 and went to base medical on morning of 9 Nov Upon receiving lab results from MHCP the same day SNM was directed to go to ER SNM was admitted to Carolina East 1400 on 9 Nov SNM is currently in pain and receiving fluids, as well as further blood work SNM is currently expected to remain through the night pending further recovery	pain and cramps	Rhadomyolysis
5-Nov-21	7/15 & 08/19	GFR VMGR-252 20211105 OTH 22-05	M/28/Sgt/ Ordnance Specialist	SNM came down to DNCO at barracks and complained about back pain resultant from the CFT ran earlier in the day, and said he had been vomiting due to the pain The DNCO called 911 due to the painSNM was in EMS arrived at the Barracks and took SNM to Carolina East Emergencey Room Presently, SNM is receiving fluids via IV and is suspected to be severely dehydrated Expects release later today	BACK PAIN, VOMITING	Rhadomyolysis, Acute renal Failure
19-Oct-21	confirmed prior to event but date unknown	GFR 20211020 MAG-14 ROD	M/31 / RP2	Sailor presented with pain in left forearm to Naval Clinic Cherry Point on 19 Oct 2021 Clinic referred Sailor to Emergency room in town for further attention Sailor went to Carolina East Medical Center and was triaged in the emergency room The sailor was given a referral for lab work at the Cherry Point Clinic the following day Today the Sailor reported to medical, was given lab work and assigned 30 days light duty Further information will be provided when obtained from the sailor	PAIN L FOREARM	Rhadomyolysis
13-Oct-21	3 May & 8 Oct	GFR VMA-223 20211013 CLASS E	M/20/LCpl	Marine took a prescribed medication and started experiencing breathing and heart problems SNM was taken to hospital and evaluated at Carolina East Medical Center in New Bern, NC Marines was treated and released with new prescription No mention of a follow up listed	SOB, HEART ISSUES	UNKNOWN
11-Oct-21	3-Sep-21	GFR VMA242 OCT112021	M/34/GySgt/Avionics	11 OCT 2021 SNM EXPERIENCED REOCCURRING CHEST PAINS THIS WEEKEND AT HOME SNM WAS SEEN 2 WEEKS AGO FOR THE SAME CONDITION AS OF THE MORNING OF THE 12TH, SNM HAS BEEN RELEASED FROM THE HOSPITAL AFTER BEING DIAGNOSED WITH PNEUMONIA On 20210915, SNM visited medical for chest pain SNM said the weekend and throughout week he was feeling chest pain and dizziness While attending a soccer game with kids and had to take a knee because he felt faint A parent, who is a nurse, said his wife should drive home because he did not look good While at medical they believe he may be having an adverse reaction to the COVID vaccine, due to no changes in his normal lifestyle Medical has referred SNM to a cardiologist for review That appointment has not been set yet as its still processing SNM says he still has some pain and feels dizzy every so often Currently SNM is at work and doing well, he states he can still feel discomfort and believes it could be from the vaccine We are continuing to monitor and awaiting follow up with cardiologist On 20210923, SNM visited medical to begin the process for a medical exemption to COVID 19 vaccine (2nd dose) while at medical, SNM explained he is still feeling chest pains and was directed to the Emergency Room in Morehead, NC SNM is currently in route to ER This command will update once they are available	CHEST PAIN	adverse reaction to the COVID Vaccine
4-Oct-21	1-Oct-21	RM# 786410	M/22/LCPL	SNM woke up at 4 a m with pains in his chest He thought it was just stomach pains regular stomach pains from dinner that night He went to PT because he thought the pain would pass They did a circuit course at PT which consisted of pushups, ball slams, rope lunges, and weighted squats The PT session lasted for 30 minutes and when PT was over SNM stated he thinks he needs to go to medical because he was having chest pains He went to the medical facility on MCAS Beaufort From there he was referrred to Beaufort Memorial Hospital SNM stayed at the hospital over night for observation and then was discharged the next day at 11 00	Stomach pain, Chest Pain	adverse reaction to the COVID Vaccine
25-Sep-21	26 Jul & 26 Aug	Ground Flash Report 25 Sept 2021	M/23/LCpl/ MK Seat Shc	AT APPROXIMATELY 1530 PMO RECEIVED A CALL THAT A MARINE WAS FACE DOWN IN A DITCH UNRESPONSIVE AT C STREET AND 4TH STREET ON MCAS CHERRY POINT EMS WAS CALLED AND ARRIVED AT THE SCENE EMS WAS ABLE TO GET SNM RESPONSIVE AND NOTED THAT SNM WAS EXTREMELY INTOXICATED SNM BECAME VERY UNCOOPERATIVE REFUSING TO GIVE ANY INFORMATION EMS MADE THE DETERMINATION THAT SNM NEEDED TO BE EVALUATED AT CAROLINA EAST MED CAL CENTER IN NEW BERN, NC SNM WAS TRANSPORTED TO CAROLINA EAST MEDICAL CENTER AND THE DIVISION CHIEF IS SUPPORTING AT THE HOSPITAL SDO WAS INFORMED BY THE STATION SGTMAJ AT 1725 SDO INFORMED COMMAND GROUP DIRECTLY AFTER THAT AT 2000 SNM WAS RELEASED FROM THE HOSPITAL AND TAKEN BACK TO ROOM BY HIS DIVISION CHIEF MEDICAL DOCTOR REPORTS NO DRUGS OR ALCOHOL WERE INVOLVED	SYNCOPE, ALTER MENTAL STATE	Dehydration
25-Sep-21	20 Sept & 9 Oct	Ground Flash Report 25 Sept 2021 Knee	M/34/SSgt/Airframes CC	On 25 Sept 2021 SNM reported to Carolina East Medical Center with complaint of swelling in the knee that was painful and the area was hot to the touch SNM was reported to have a fever in the range of 101-103 and exhibited body aches, sweating and shortness of breath SNM was admitted for overnight observation, IV fluids and antibiotics and a CT SNM was told to follow up with PCM after discharge On 28 Sept 2021 SNM reported to MCAS Cherry Point clinic for his follow-up and was still found to have swelling in his knee, fever, chills and an elevated heart rate SNM was given three days SIQ and told if symptoms worsen to go to the emergency room asap SNM is current at Vidant Medical Center in Greenville NC for treatment of worsening symptoms and has been admitted for overnight observations, IV fluids and antibiotics	KNEE SWELLING AND PAIN	UNKNOWN
20-Sep-21	July & August	Reported via MCAS Cherry Point Clinic Staff	M/24/SGT	Bell's Palsy	Blurry vision, facial paralysis	Bell's Palsy
12-Sep-21	10 Sep & 01 Oct	GFR 20210912 MALS-14 MED	F/20/LCpl/Supply	INITIAL (12 Sept 2021) SNM was initially treated for severe pain in the side and released at Carteret Healthcare with medication SNM returned to Carteret Healthcare (@2230 on 12 Sept 2021) for inability to keep the prescribed medication down and was diagnosed with a urinary tract infection (UTI) SNM was admitted and being monitored due to fever officially admitted @ 0200 on 13 Sept 2021) UPDATE on 14 September 2021 SNM expected to be released on 15 Sept 2021 UPDATE on 16 September 2021 SNM released from Carteret Healthcare (@0930 on 15 Sept 2021) SNM is schedule for follow-up on 30 Sept 2021 with primary care physician	SIDE PAIN	urinary tract infection (UTI)
16-Aug-21	26 Feb & 26 Mar	GFR VMGR-252 20210816 CATEGORY OTR	F/21/Sgt	AROUND 0000 ON 16 AUG 2021, SNM DROVE TO CAROLINA EAST NEW BERN NORTH CAROLINA FOR STOMACH PAIN CAROLINA EAST MOVED HER VIA AMBULANCE TO VIDANT HEALTH IN GREENVILLE NORTH CAROLINA AROUND 0100 BECAUSE SHE WAS FOUND TO HAVE HIGH LIPESE LEVELS AND A HIGH CONCENTRATION OF LIVER ENZYMES SNM IS CURRENTLY AT VIDANT HEALTH UNDER TREATMENT	Stomach Pain	UNKNOWN
29-Jun-21	6 May & 3 Jun	GFR VMGR-252 20210629 TRN 21-17	M/20/CPL/	SNM stated that he was getting lightheaded during the run, SNM did not lose consciousness at any point and was coherent at all times Medical Informed us to call 911 due to the possible nature of the heat case, and SNM was picked up via ambulance at 0736 to be transported to the hospital in New Bern	lightheaded	UNKNOWN
26-Jun-21	19 Feb & 19 Mar	RM# 456536	M/40/GySgt/ Ops Chief	At approximately 1130 on 20210626, SNM was found unconscious and gasping for air while building a deck at another Marine's residence SNM regained consciousness after lifesaving steps were applied to include applying a sternum rub SNM was put into a recovery position in AC with extra clothing removed while being monitored for a few hours following SNM did not go to medical	SYNCOPE, SOB	Heat Exhaustion

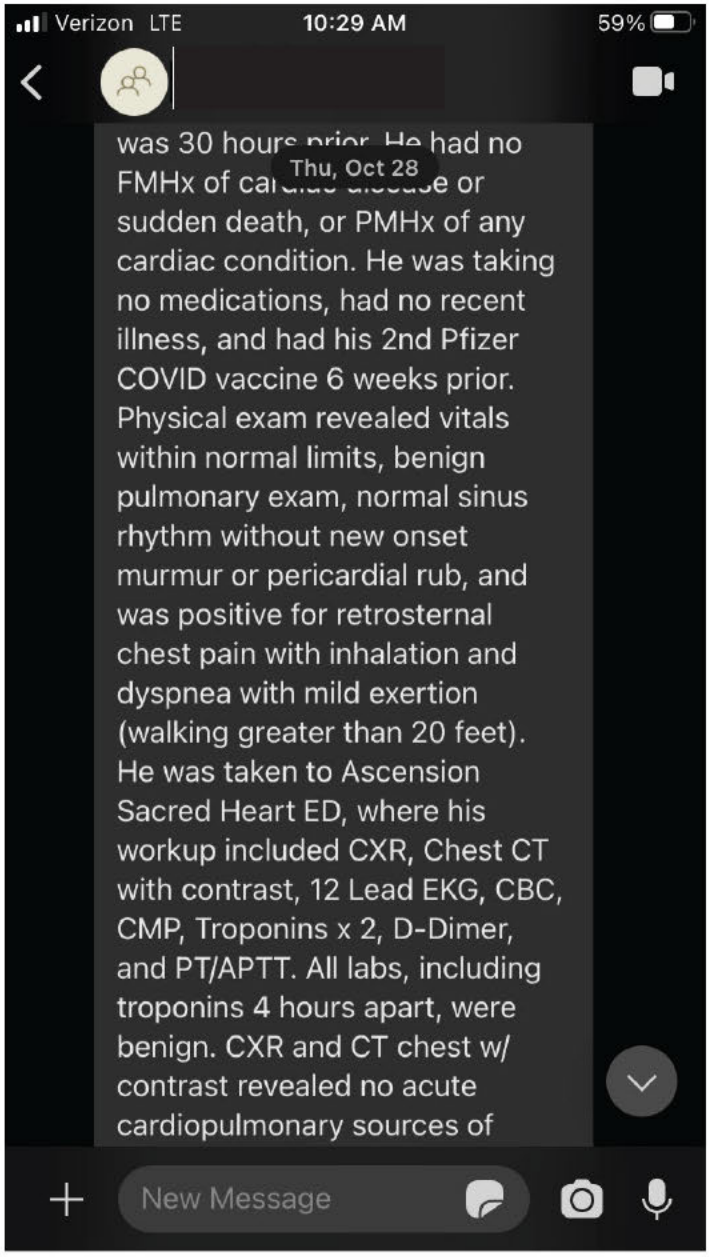
TIER 2 REPORTS

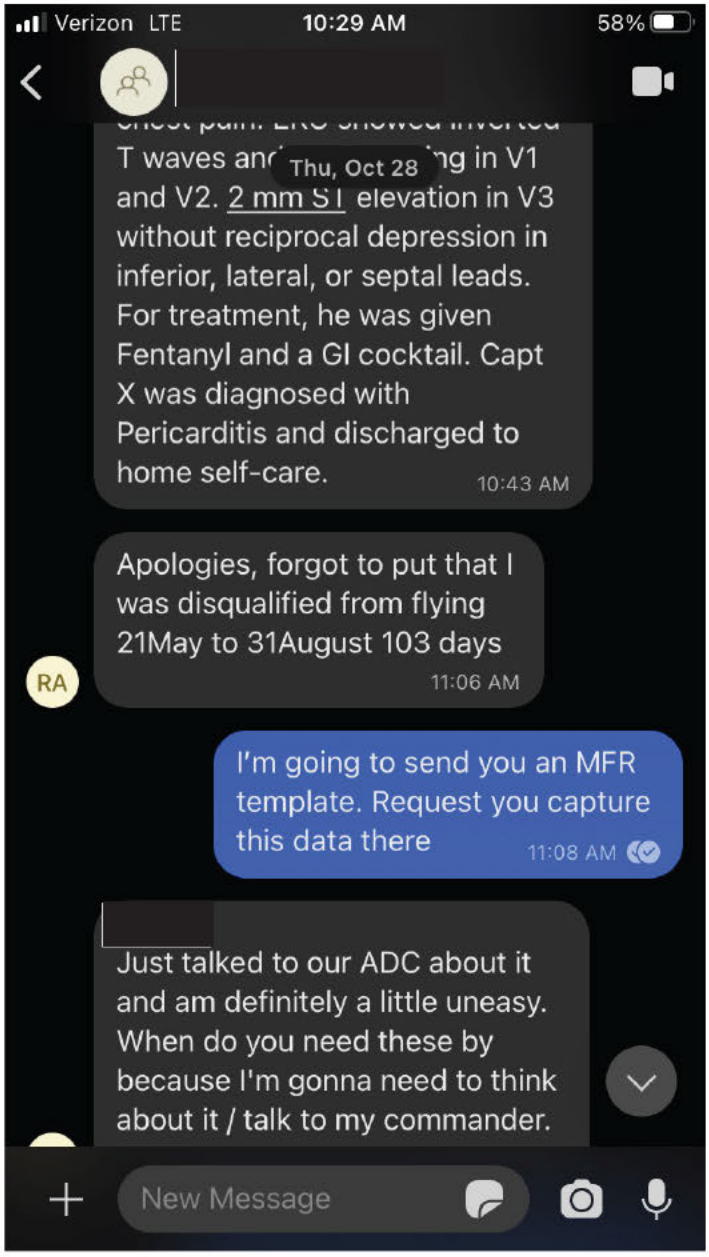
Captured Conversations with Injured Service Members

USAF Fighter Pilot, Captain, 29y/o male

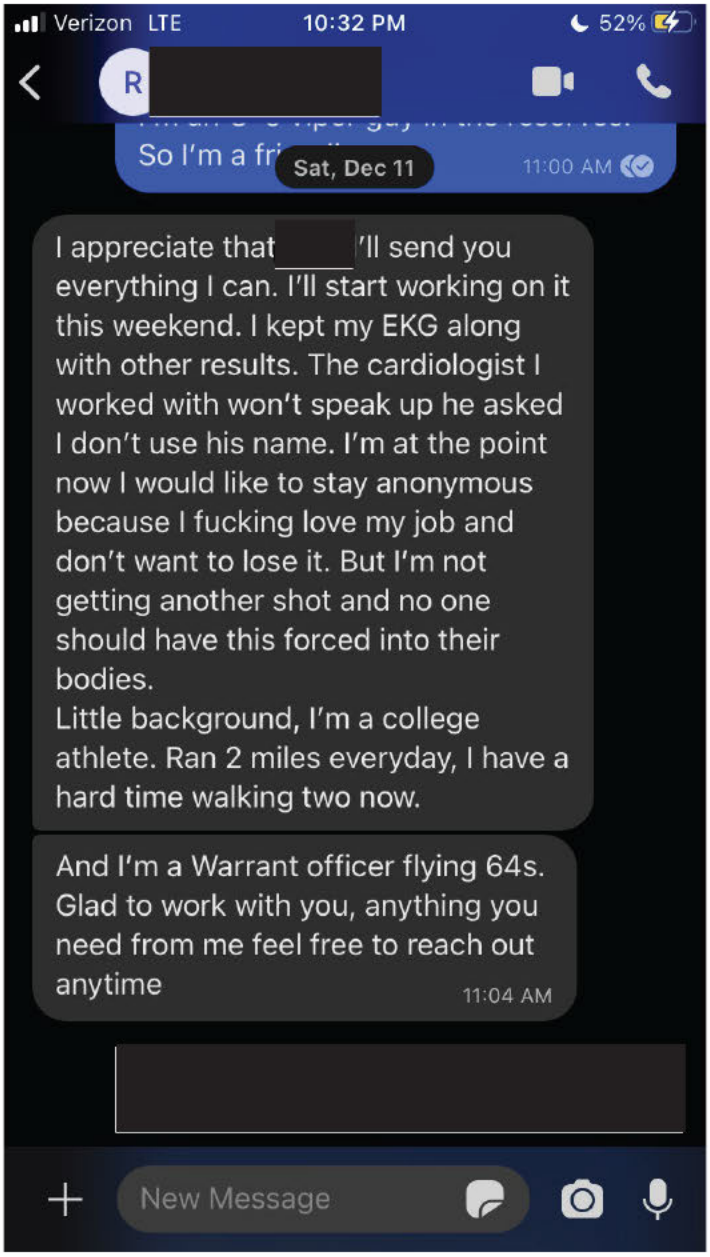




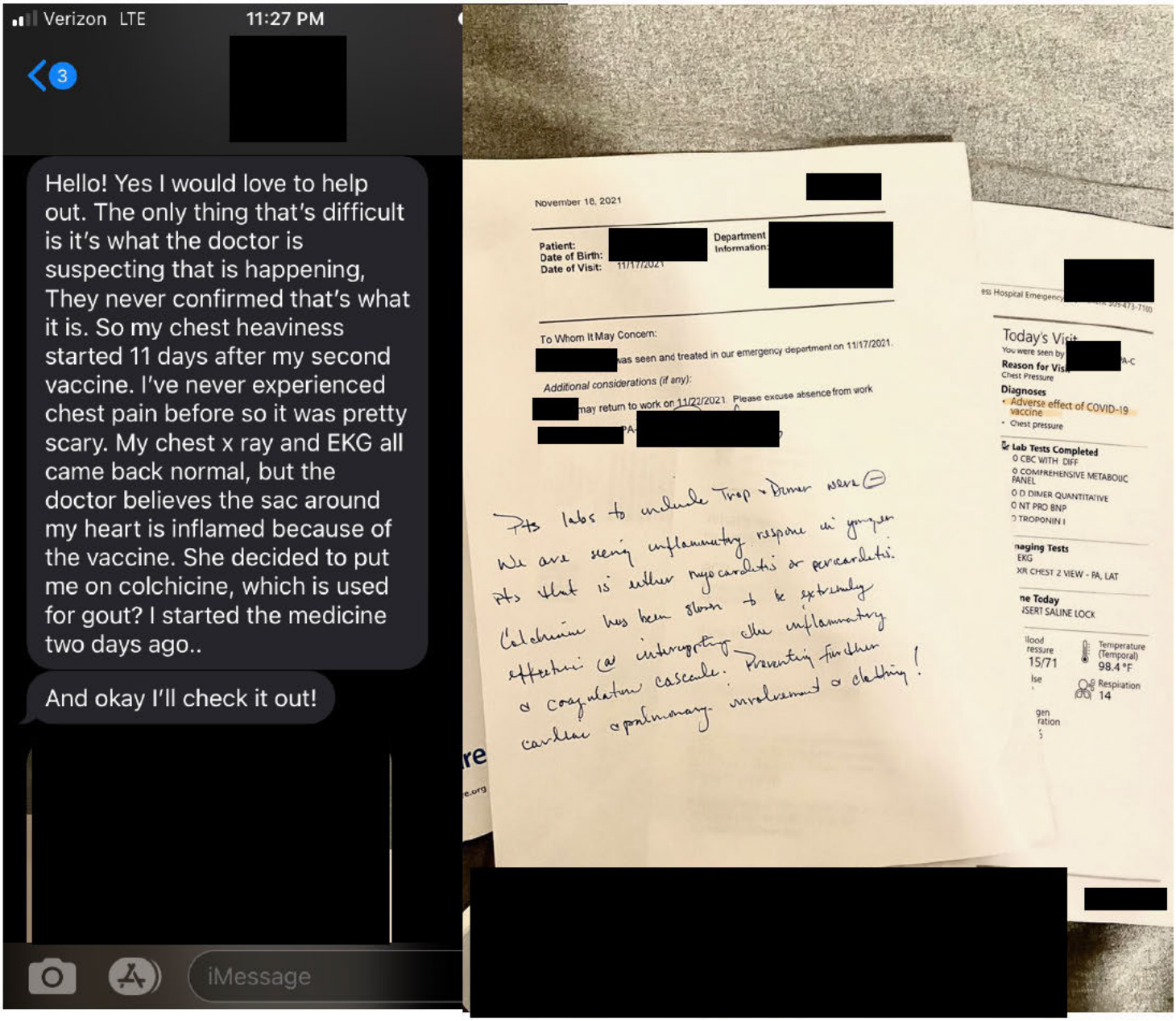

Verizon LTE
10:29 AM
59%
was 30 hours prior. He had no FMHx of cardiac disease or sudden death, or PMHx of any cardiac condition. He was taking no medications, had no recent illness, and had his 2nd Pfizer COVID vaccine 6 weeks prior. Physical exam revealed vitals within normal limits, benign pulmonary exam, normal sinus rhythm without new onset murmur or pericardial rub, and was positive for retrosternal chest pain with inhalation and dyspnea with mild exertion (walking greater than 20 feet). He was taken to Ascension Sacred Heart ED, where his workup included CXR, Chest CT with contrast, 12 Lead EKG, CBC, CMP, Troponins x 2, D-Dimer, and PT/APTT. All labs, including troponins 4 hours apart, were benign. CXR and CT chest w/ contrast revealed no acute cardiopulmonary sources of
Thu, Oct 28
New Message


Verizon LTE
10:29 AM
58%
T waves and ng in V1 and V2. 2 mm ST elevation in V3 without reciprocal depression in inferior, lateral, or septal leads. For treatment, he was given Fentanyl and a GI cocktail. Capt X was diagnosed with Pericarditis and discharged to home self-care.
10:43 AM
Thu, Oct 28
Apologies, forgot to put that I was disqualified from flying 21May to 31August 103 days
11:06 AM
RA
I'm going to send you an MFR template. Request you capture this data there
11:08 AM
Just talked to our ADC about it and am definitely a little uneasy. When do you need these by because I'm gonna need to think about it / talk to my commander.
New Message

Army Warrant Officer, AH-64

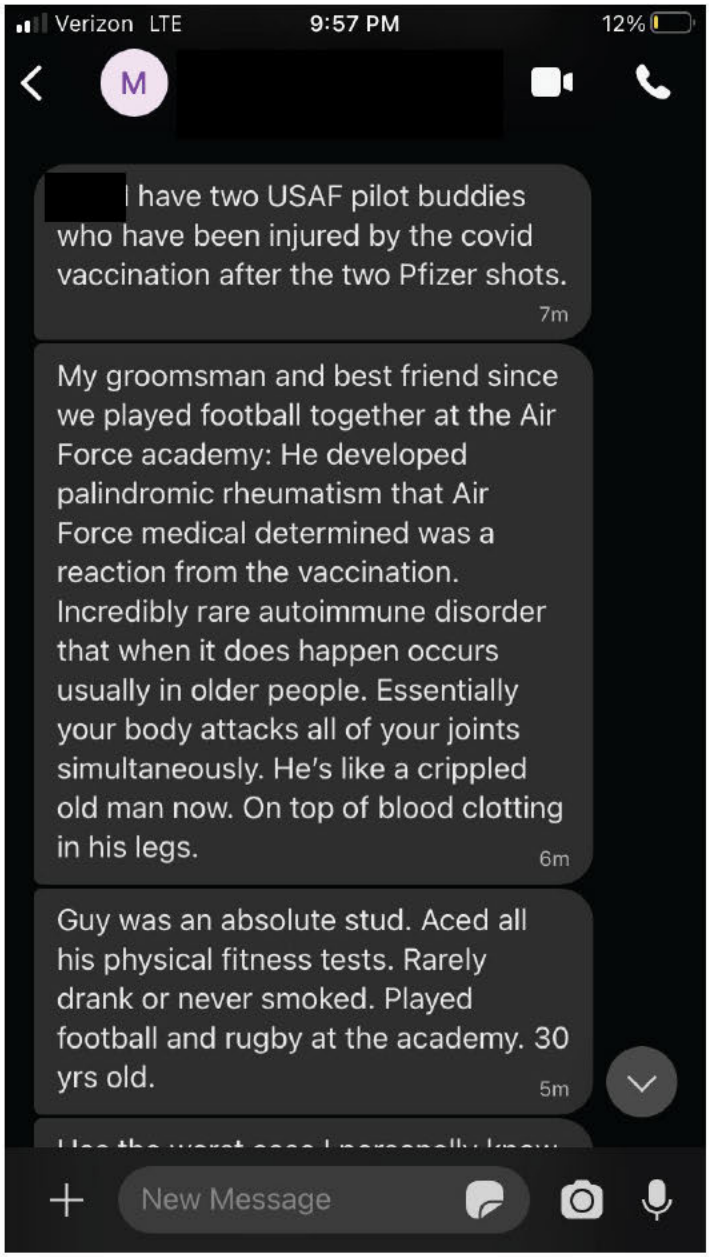


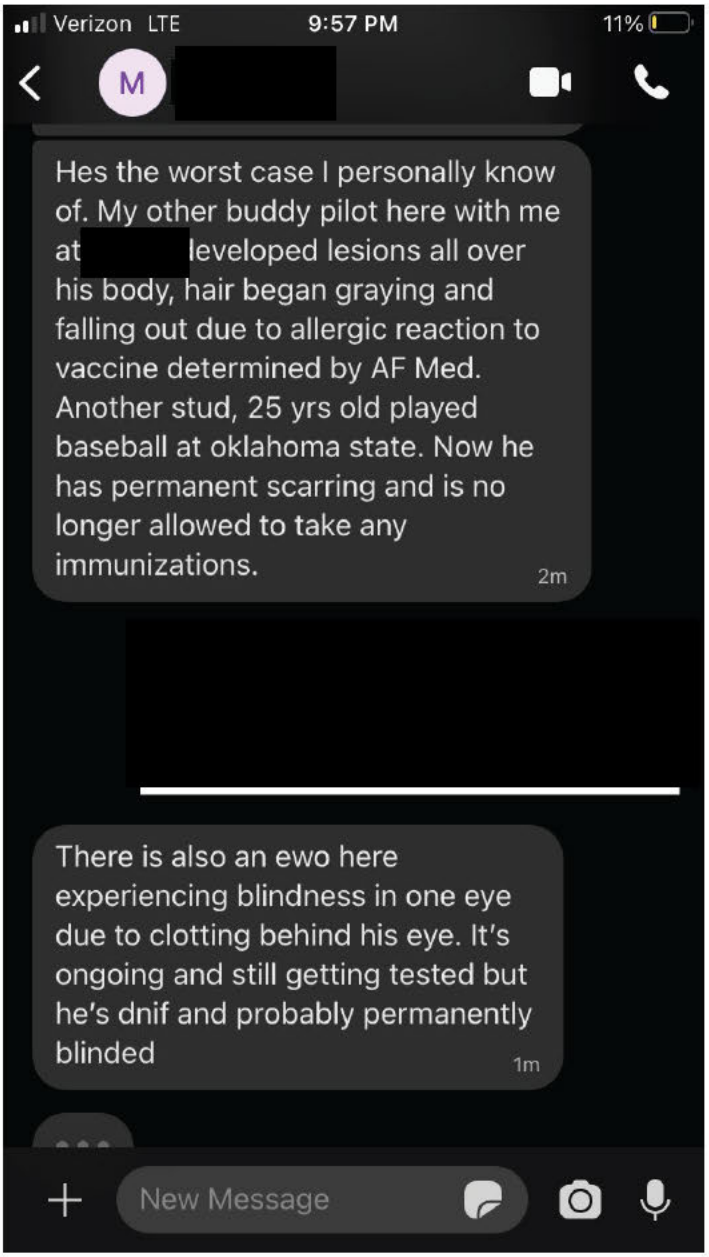
USAF Airman, 26y/o female



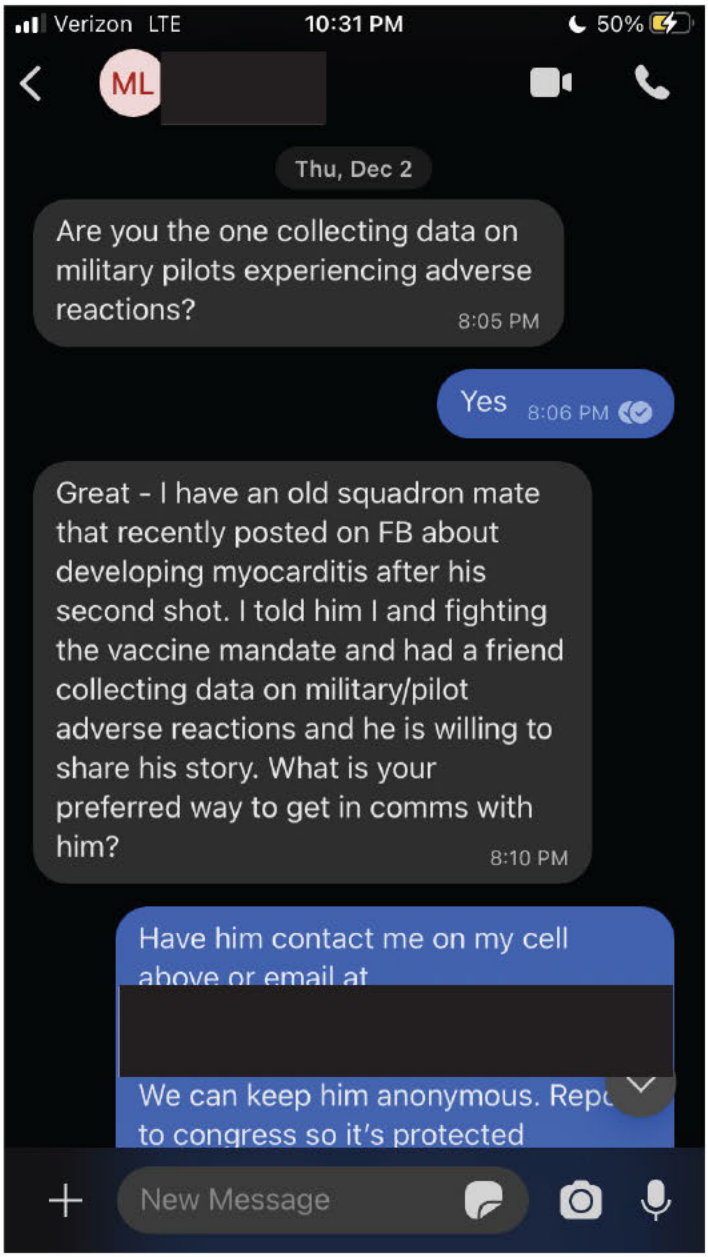
TIER 3 REPORTS

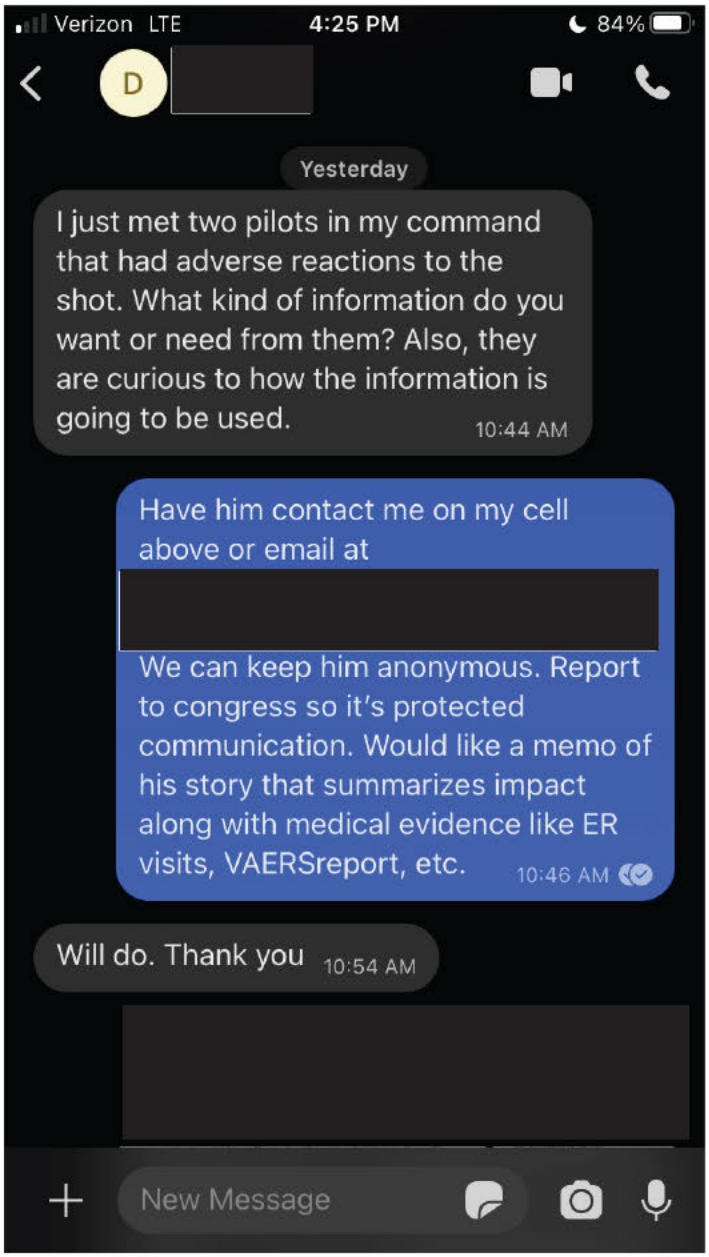
Detailed, Anecdotal Stories of Injured Service Members

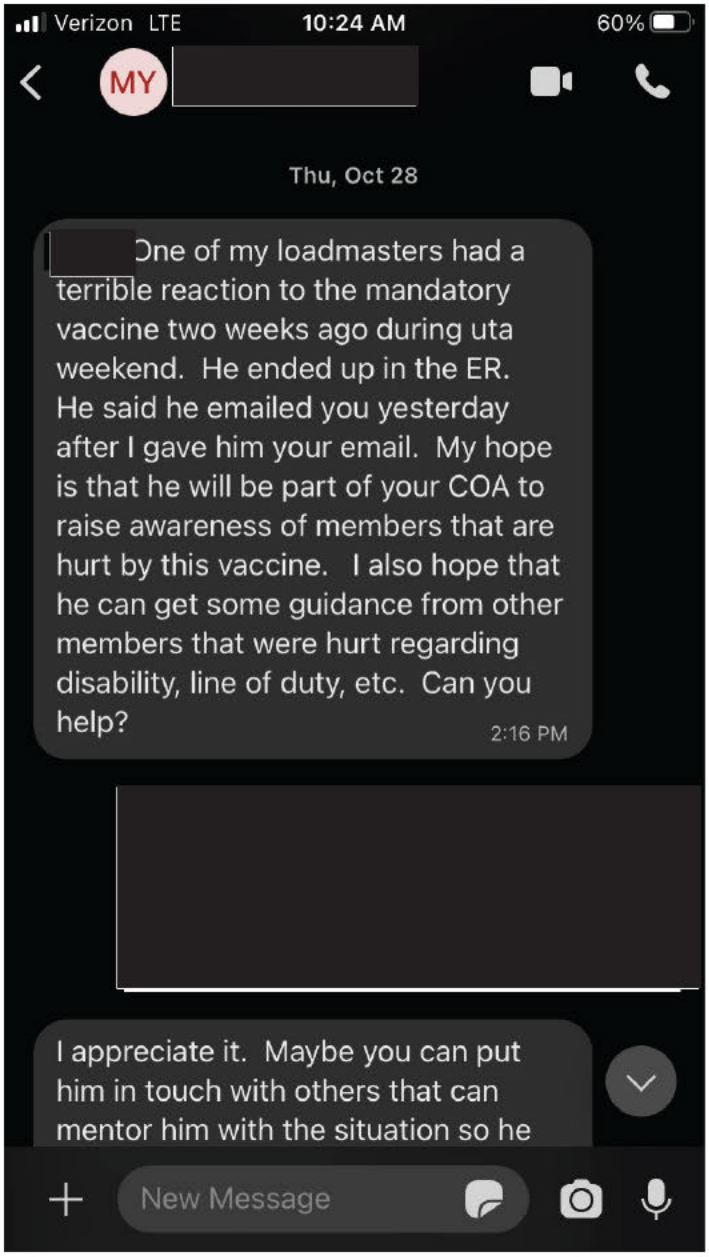


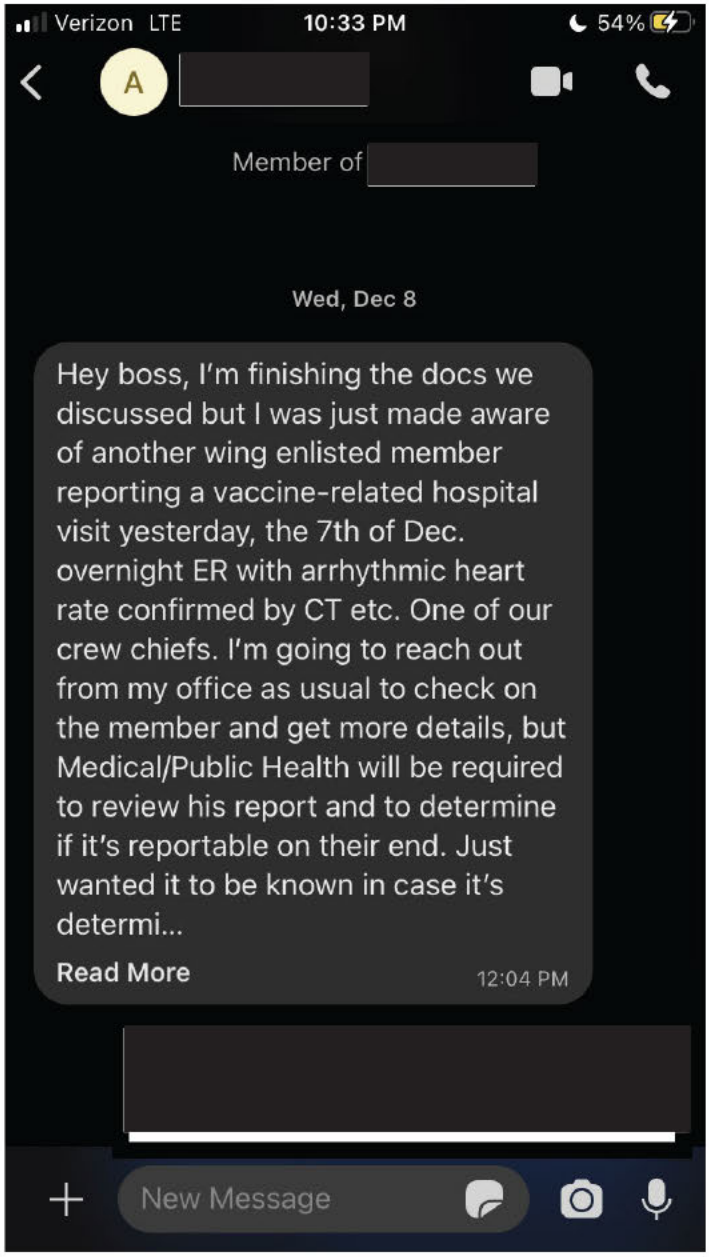


EWO: Electronic Warfare Officer

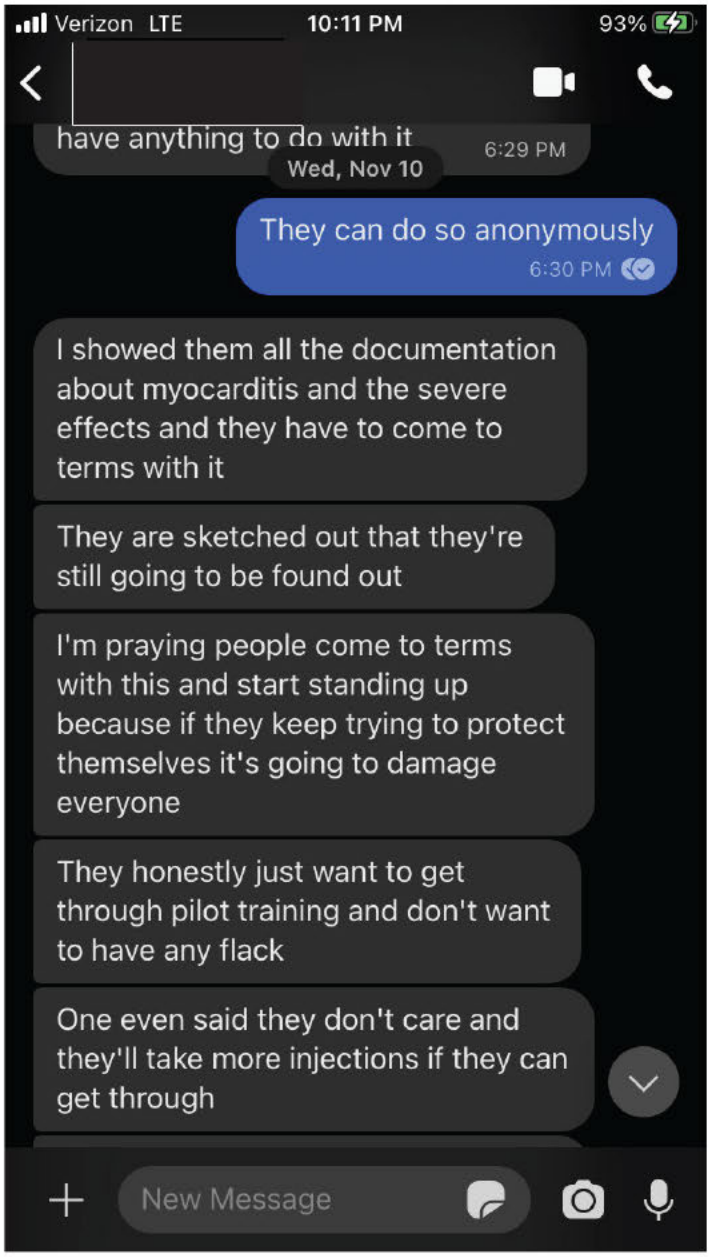

Verizon LTE
10:31 PM
50%
ML
[redacted]
Thu, Dec 2
Are you the one collecting data on military pilots experiencing adverse reactions?
8:05 PM
Yes
8:06 PM
Great - I have an old squadron mate that recently posted on FB about developing myocarditis after his second shot. I told him I and fighting the vaccine mandate and had a friend collecting data on military/pilot adverse reactions and he is willing to share his story. What is your preferred way to get in comms with him?
8:10 PM
Have him contact me on my cell above or email at
[redacted]
We can keep him anonymous. Repo
to congress so it's protected
New Message

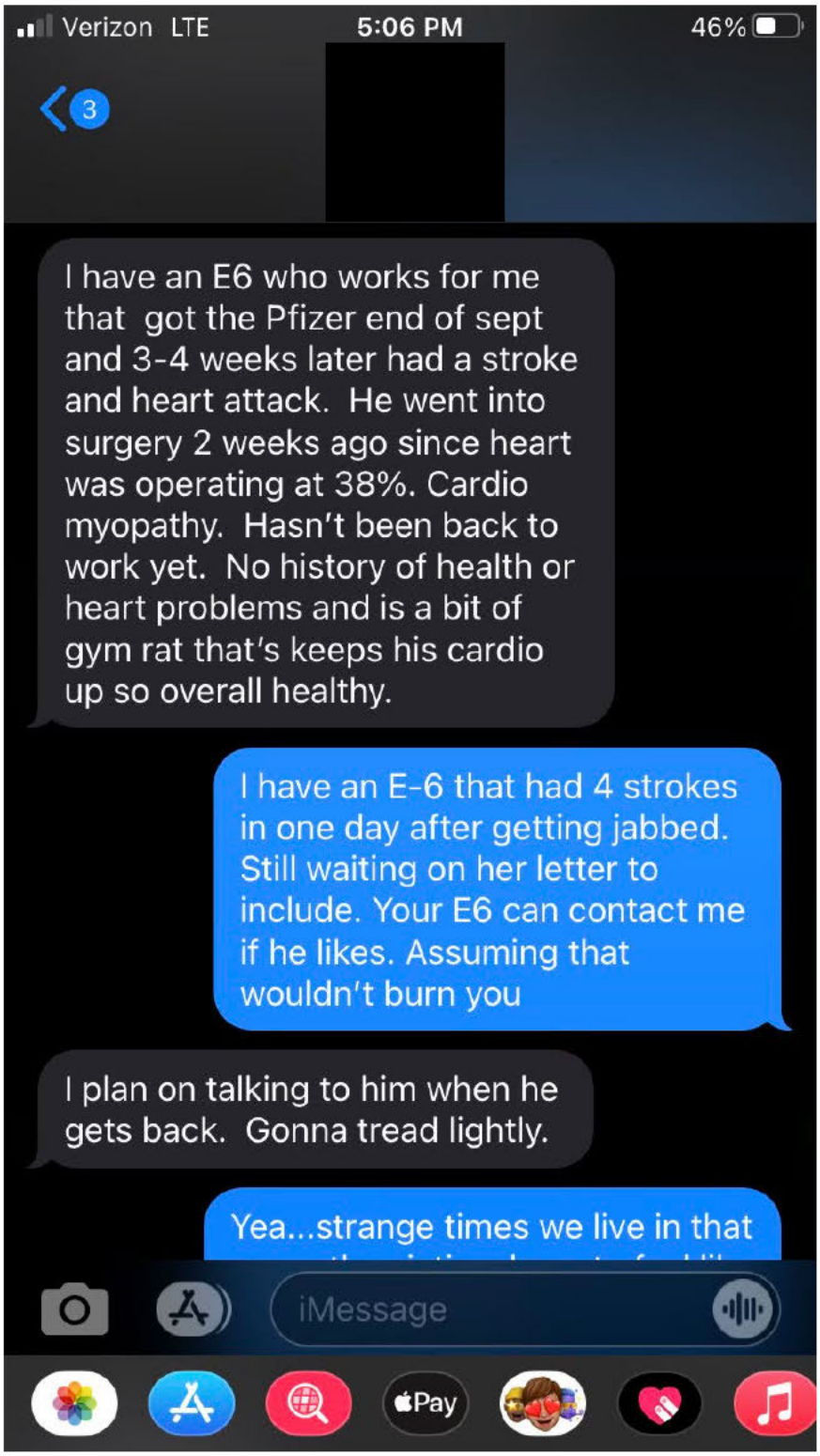

Verizon LTE
4:25 PM
84%
D
[redacted]
Yesterday
I just met two pilots in my command that had adverse reactions to the shot. What kind of information do you want or need from them? Also, they are curious to how the information is going to be used.
10:44 AM
Have him contact me on my cell above or email at
[redacted]
We can keep him anonymous. Report to congress so it's protected communication. Would like a memo of his story that summarizes impact along with medical evidence like ER visits, VAERSreport, etc.
10:46 AM
Will do. Thank you
10:54 AM
[redacted]
New Message


Verizon LTE
10:24 AM
60%
MY
[redacted]
Thu, Oct 28
[redacted] One of my loadmasters had a terrible reaction to the mandatory vaccine two weeks ago during uta weekend. He ended up in the ER. He said he emailed you yesterday after I gave him your email. My hope is that he will be part of your COA to raise awareness of members that are hurt by this vaccine. I also hope that he can get some guidance from other members that were hurt regarding disability, line of duty, etc. Can you help?
2:16 PM
[redacted]
I appreciate it. Maybe you can put him in touch with others that can mentor him with the situation so he
New Message


Verizon LTE
10:33 PM
54%
A
[redacted]
Member of [redacted]
Wed, Dec 8
Hey boss, I'm finishing the docs we discussed but I was just made aware of another wing enlisted member reporting a vaccine-related hospital visit yesterday, the 7th of Dec. overnight ER with arrhythmic heart rate confirmed by CT etc. One of our crew chiefs. I'm going to reach out from my office as usual to check on the member and get more details, but Medical/Public Health will be required to review his report and to determine if it's reportable on their end. Just wanted it to be known in case it's determi...
Read More
12:04 PM
[redacted]
New Message

Undergraduate Pilot Training student with two classmates suffering from chest pains and shortness of breath. The two students wished not to go on the record for fear of not graduating pilot training.




Verizon LTE
5:06 PM
46%
3
I have an E6 who works for me that got the Pfizer end of sept and 3-4 weeks later had a stroke and heart attack. He went into surgery 2 weeks ago since heart was operating at 38%. Cardio myopathy. Hasn't been back to work yet. No history of health or heart problems and is a bit of gym rat that's keeps his cardio up so overall healthy.
I have an E-6 that had 4 strokes in one day after getting jabbed. Still waiting on her letter to include. Your E6 can contact me if he likes. Assuming that wouldn't burn you
I plan on talking to him when he gets back. Gonna tread lightly.
Yea...strange times we live in that
iMessage
Pay

TIER 4 REPORTS

Anecdotal Stories of Injured Service Members

BRANCH OF SERVICE	ADVERSE REACTION(S)	ADDITIONAL INFORMATION WILLING TO SHARE
Active Army	Chest pain/pressure. L arm numbness.	Fort Riley CW3 AMSO
Civilian Contract Maintenance	Series of heart attacks and myocarditis 42 yo male no previous conditions	VX-31 NAWS China Lake
USMC	Heart irregularities	MCAS Yuma, AZ
USMC F-35 Pilot	Bell's Palsy - Half side of face numb for several days after first shot. Granted medical exemption from any further shots.	MCAS Yuma, AZ
USN Reserve	Guillain-Barre Syndrome - half body paralyzed for some days	NOSC San Antonio
Navy P-3 Pilot	Shingles	VP-30, flight doc said it "was probably just stress" and refused to report in VAERS
Air Force F-16 Pilot	After second dose of Moderna, tightness in chest, tingling in extremeties, cronic fatigue. Symptoms comensurate with myocarditis	Currently grounded from flight status for last 2 months pending full diagnosis.
Air Froce F-16 Pilot	First dose of Moderna, developed autoimmune desease called ulcerative colitis.	Grounded and waiver process would take too long, so retired from military
Navy, Aircrew	Second Dose Moderna, developed pericarditis	Flight Doc has been slow/reluctant to address the issue, apparently not taking it seriously
Air Force F-16 guardnman	48 yo male. Massive heart attack 8 days post vaccination. Found dead in hotel room while on layover	Data entered by someone familiar with the member. Doc refuses to investigate the cuase as vaccine
Air Force F-15 Pilot	Pericarditis 4 weeks after second dose Pfizer	29 year old taken to ER for heart attack symptoms. Grounded >100 days.
Army active duty drill sergeant	Heart problems	
Air Force student pilot	Shingles	24 years old
Navy P-3 Pilot	Myocarditis from the 1st Pfizer shot. Stayed in the ER multiple nights.	Mid-twenties. Downed from flight. Awaiting VAERS submission.
Navy P-3 Pilot	Myocarditis from second Pfizer shot. went to the ER for severe chest pain and was admitted to the hospital overnight and for the whole next day. admitting doc wrote on discharge paperwork it is myocarditis from the covid vaccine	27 yo female, no history of cardiac issues whatsoever. flight doc thankfully submitted a report to VAERS. downed from flight until i can be evaluated by a navy cardiologist. will require a waiver
Air Force F-15E WSO	Shingles	Maj (37 years old)
Air Force F16 Instructor Pilot	masive head congestion, clogged right ear, constant ringing / tinnitus in right ear (for 30 days)	
USAF active duty	seizure minutes after first Pfizer shot	30 years old, female, healthy, no medical history
USAF Reserve A-10 Pilot	pulmonary embolism, found in parking lot in front of squadron; likely never able to fly again.	Moody AFB
USAF AD KC-135 Pilot	uncontrollable twitches following first shot; exempted from further shots	Fairchild AFB
USAF AD F-16 Pilot	Psychosis, hallucinations, severe anxiety less than 12 hours the night of the second Pfizer BNT vaccine. Lasted the entire night.	35 years old, healthy, male
USAF AD C-130 Pilot	Headaches and brain fog after Moderna's 2nd shot. Symptoms worse while flying	Maj, Ramstein AB
USAF AD C-130 Pilot	Severe brain fog w/i weeks after Moderna's 2nd shot. Could not land plane--copilot had to take over.	Lt Col (Little Rock AFB)
Army AD Signals Intelligence	Mild headaches after 1st dose Moderna. SEVER migrains and bruising all across body w/i 24 hrs after 2nd dose	Capt (JBER, AK)
USMC H-1/TH-57	Chest tension/restriction/severe fatigue 24-hours after 1st Pfizer shot. Didn't take 2nd shot.	NAS Whiting Field
USAF T-38 IP	Chest pain and irregular heart rhythms after 1st Pfizer shot, took the 2nd shot with the same reaction	
USAF Reserve A-10 Pilot	Hospitalization for heart attack symptoms, Numbness/tingling if left arm, chest pain, nausea, convulsions, shortness of breath, fatigue.	DMAFB, VAERS case 1797985
Air Force C-17 reserve pilot	ER 36 hours after shot with chest pain, diagnosed pericarditis	
Air Force UPT student	Chest pressure occurring 1-2 weeks after second Moderna shot.	Took 2 weeks after initial doctor visit to get EKG, DNIF until labs and ultrasound come back